

3711

4358718
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) MAY 26 2026										
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 W Newell Ave		ASBESTOS CONTROL & LICENSING							
			City, State, Zip Code Rutherford, NJ 07070									
			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 112 W Newell Ave			Square Feet 2,962	# of Floors 2	Bldg. Age 1875							
City (5) Rutherford, NJ 07070		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) _____								
County (6) Bergen												
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) VEL Construction, LLC									
Street Address _____		Street Address 75 Voorhis Place										
City, State, Zip Code _____		City, State, Zip Code Ringwood NJ 07456										
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 201- 466-0166	License No. 02126								
Start Date (10) 05/22/2026		Scheduled Completion Date (11) 05/28/2026		Name of OSHA Monitor _____								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address _____ City, State, Zip Code _____									
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)				Abatement Type			
	Yes	No	N/A		520 SF	x						
Kitchen			X	plaster walls								
Name of Registered Waste Hauler Century Waste Services			NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ			Disposal Date 05/28/2026		City, State Pen Argyl, PA							
Completed by Lubica Perez			Title Owner		Signature Lubica Perez			Date 05/21/2026				

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

3719

UB55725

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

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Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) MAY 26 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Park Dr N								
		City, State, Zip Code West Orange, NJ 07052								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 2 Park Dr N		Square Feet 2,081	# of Floors 1							
City (5) West Orange, NJ 07052		Bldg. Age 1930								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 05/23/2026	Scheduled Completion Date (11) 05/29/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		floor tile	800 SF	x				
Basement		x		pipe insulation	15 LF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 05/29/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 05/21/2026				

3707

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

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Date of Notification (1) 05/19/2026		Name of Building-Owner/Operator (2) MAY 26 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 424 Reservoir Dr City, State, Zip Code Boonton, NJ 07005 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address 424 Reservoir Dr City (5) Boonton, NJ 07005 County (6) Morris		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet: 1,510 # of Floors: 2 Bldg. Age: 1924 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) VEL Construction, LLC Street Address 75 Voorhis Place City, State, Zip Code Ringwood NJ 07456	Telephone No. 201- 466-0166 License No. 02126						
Start Date (10) 06/08/2026 Scheduled Completion Date (11) 06/15/2026		Name of OSHA Monitor _____ Street Address _____ City, State, Zip Code _____							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> Glovebag Procedure <input type="checkbox"/> _____ <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation	Amount (Specify SF or LF) 85 LF	Abatement Type			
						Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 06/15/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 05/19/2026		

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3708

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

4363841
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MAY 26 2026

Date of Notification (1) 05/19/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Milton St City, State, Zip Code Howell Township, NJ 07731							
	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 100 Milton St		Square Feet 1,050	# of Floors 1							
City (5) Howell Township, NJ 07731		Bldg. Age 1957								
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 06/01/2026	Scheduled Completion Date (11) 06/08/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		floor tile	750 SF	X				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 06/08/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 05/19/2026			

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

3709

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

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Print Form

Date of Notification (1) 05/19/2026		Name of Building Owner/Operator (2) MAY 26 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Milton St ASBESTOS CONTROL & LICENSING							
	City, State, Zip Code Howell Township, NJ 07731		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 100 Milton St		Square Feet 1,050	# of Floors 1							
City (5) Howell Township, NJ 07731		Bldg. Age 1957								
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 05/28/2026	Scheduled Completion Date (11) 06/04/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		floor tile	750 SF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 06/04/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 05/19/2026			

3706

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

4358531 RECEIVED Check 3706

Print Form

Date of Notification (1) 05/18/2026		Name of Building Owner/Operator (2) MAY 26 2026	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 68 Clover Hill Rd	
		City, State, Zip Code Colts Neck, NJ 07722	
		Name of Contact	Telephone Number

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 68 Clover Hill Rd		Square Feet 2,538	# of Floors 2
City (5) Colts Neck, NJ 07722		Bldg. Age 1960	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) 05/19/2026	Scheduled Completion Date (11) 05/26/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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 rec room, bedroom, closet		X		Floor tile & mastic	731 SF	X			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ	Disposal Date 05/26/2026	City, State Pen Argyl, PA	
Completed by Lubica Perez	Title Owner	Signature Lubica Perez	Date 05/18/2026

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

3718

4363897

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

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Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) MAY 26 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1408 Lamberts Mill Rd		City, State, Zip Code Scotch Plains, NJ 07076 ASBESTOS CONTROL & LICENSING				
			Name of Contact _____ r Dry			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 1408 Lamberts Mill Rd			Square Feet 2,414	# of Floors 1	Bldg. Age 1959				
City (5) Scotch Plains, NJ 07076		County (6) Union		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201- 466-0166					
License No. 02126									
Start Date (10) 05/26/2026		Scheduled Completion Date (11) 06/02/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 Game room		X		floor tile	653 SF	X			
Laundry room		X		floor tile	178 SF	X			
Hall		X		floor tile	57 SF	X			
Game room closet		X		floor tile	7 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 06/02/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 05/15/2026			

3705

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

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Date of Notification (1) 05/16/2026		Name of Building Owner/Operator (2) MAY 26 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 558 Downer St								
		City, State, Zip Code Westfield, NJ 07090								
		Name of Contact akh	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 558 Downer St		Square Feet 2,337	# of Floors 2							
City (5) Westfield, NJ 07090		Bldg. Age 1920								
County (5) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 05/28/2026	Scheduled Completion Date (11) 06/03/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input 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		x		siding	2,000 SF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 06/03/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 05/16/2026			

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

3717

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

(136322)

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Date of Notification (1) 05/15/2026		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 1621 Holly Blvd								
	City, State, Zip Code Manasquan, NJ 08736			Telephone Number							
		Name of Contact									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1621 Holly Blvd			Square Feet 2,611	# of Floors 1	Bldg. Age 1950						
City (5) Manasquan, NJ 08736			Current Use (Prior if being demolished)								
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address			Street Address 75 Voorhis Place								
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 05/20/2026		Scheduled Completion Date (11) 05/23/2026		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address								
			City, State, Zip Code								
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 utility room		X		floor tile & mastic	20 SF	X					
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 05/23/2026		City, State Pen Argyl, PA							
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>				Date 05/15/2026			

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

MAY 26 2026


Date of Notification (1) 5-18-26		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 2778 DUNE DR								
		City, State, Zip Code AVALON NJ 08202								
		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 336 31ST ST		Square Feet 1500	# of Floors 2							
City (5) BRIGANTINE		Bldg. Age 50+								
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC								
Street Address		Street Address 369 S. SPRUCE AVE								
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NJ 08052								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. N 1371							
Start Date (10) 5-28-26	Scheduled Completion Date (11) 6-8-26	Name of OSHA Monitor N/A								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address								
		City, State, Zip Code								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
SIDING			X	TRANSITE	1000 SF	X				
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill ACUA						
City, State MAPLE SHADE N.J 08052		Disposal Date	City, State PLEASANTVILLE NJ							
Completed By MICHAEL KLEMM		Title PRES.	Signature <i>[Signature]</i>				Date 5-18-26			

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

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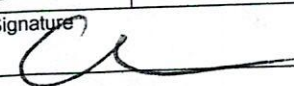
Date of Notification (1) 5/20/26		Name of Building Owner/Operator (2) MAY 26 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 30 North Broad St, City, State, Zip Code Woodbury, NJ, 08096 ASBESTOS CONTROL & LICENSING Name of Contact Telephone Number						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Street Address 30 North Broad St, City (5) Woodbury, NJ, 08096		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000+ # of Floors 2 Bldg. Age 50+						
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 5/30/26		Scheduled Completion Date (11) 6/2/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>			Removal <input type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>	Enclosure <input type="checkbox"/>
Basement			X	duct work	30 LF	X			
Basement			X	transite	4 SF	X			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills					
City, State Berlin NJ		Disposal Date 6/5/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 		Date 5/20/26				

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

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Date of Notification (1) 5/21/26		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8100 Route 13								
		City, State, Zip Code Levittown Parkinson 19057								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Vacant 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 1285 Route 38		Square Feet 1000+	# of Floors 2							
City (5) Hainesport NJ 08036		Bldg. Age 50+								
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 6/2/26	Scheduled Completion Date (11) 6/8/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen			x	Floor Tile & Mastic	150 SF	x				
Basement			x	Floor Tile & Mastic	720 SF					
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills						
City, State Berlin NJ		Disposal Date 6/5/26	City, State Morrisville PA 19067							
Completed by Anthony T Perna		Title President	Signature 				Date 5/21/26			

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

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Date of Notification (1) 05/23/2026		Name of Building Owner/Operator (2) Hamilton Township School District		MAY 29 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 90 Park Avenue City, State, Zip Code Hamilton, NJ 08690							
Name of Contact Scott Rocco			Telephone Number 609-631-4100								
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Steinert High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 2900 Klockner Road			Square Feet 50,000	# of Floors 2	Bldg. Age 75						
City (5) Hamilton Square			Current Use (Prior if being demolished) School								
County (6) Mercer		County Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC								
Street Address PO Box 341		Street Address 623 Cutler Avenue									
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052									
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842							
Start Date (10) 05/23/2026		Scheduled Completion Date (11) 05/26/2026		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North								
			City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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) 5 LF		Abatement Type			
		Yes No N/A						Removal	Repair	Encapsulate	Enclosure
Old Pump Room		X		Pipe Fittings				X			
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill					
City, State Maple Shade, NJ		Disposal Date 05/27/2026		City, State Morrisville, PA							
Completed by Christina Fay		Title VP of Operations		Signature <i>Christina Fay</i>		Date 05/23/2026					

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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) 5/21/26		Name of Building Owner/Operator (2) Lumberton Property Holdings LLC		MAY 26 2026									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 568 Englishtown Road									
		City, State, Zip Code Monroe NJ 08831		ASBESTOS CONTROL & LICENSING									
		Name of Contact		Telephone Number									
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Vacant House Back Side of 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 1807 Route 38			Square Feet 1000+	# of Floors 2	Bldg. Age 50+								
City (5) Hainesport NJ 08036			Current Use (Prior if being demolished) House										
County (6) Burlington		County Code (7) (STATE USE ONLY)											
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.										
Street Address		Street Address PO Box 329											
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091											
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727								
Start Date (10) 6/1/26		Scheduled Completion Date (11) 6/5/26		Name of OSHA Monitor Same									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address										
			City, State, Zip Code										
Scope of Work (Check All That Apply)													
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> 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) <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 Behind Walls				X	Duct Insulation		98 LF		X				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Hills							
City, State Berlin NJ		Disposal Date 6/5/26		City, State Morrisville PA 19067									
Completed by Anthony T Perna		Title President		Signature 				Date 5/21/26					

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

4358755

25 W Erie Ave
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L.E.M. Construction LLC
 MAY 21 2026
 Rutherford, 07070
 LICENSING

Date of Notification (1) 5/4/26		Name of Building Owner/Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 56 Hampton House Rd	
		City, State, Zip Code Newton NJ	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 56 Hampton House Rd		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) Newton		Square Feet	# of Floors
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)

Name of Monitoring Firm (8) Colden		ASCM No.	Name of Abatement Contractor (9) LEM CONSTRUCTION LCC	
Street Address 630 Century Parkway Suit 110		Street Address 25 W ERIE AVE		
City, State, Zip Code Bluebell PA 19422		City, State, Zip Code RUTHERFORD NJ		
Project Manager for Monitoring Firm		Telephone No. 215-496-9237	Telephone No. 201-500-9896	License No. 02004

Start Date (10) 6/1/2026	Scheduled Completion Date (11) 6/9/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13) <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
Bathroom Coridour & Office space			x	Tile and Mastic	250 SF				

Name of Registered Waste Hauler LEM CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 02004	Cubic Yards of Waste TBD	Name of Registered Landfill TBD	
City, State TBD		Disposal Date TBD		City, State TBD	
Completed by Michael Urbizagastegui		Title Owner	Signature 		Date 5/17/26

110013

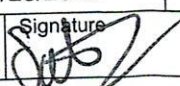
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 05/20/2026		Name of Building Owner/Operator (2) Hamilton Township School District						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 90 Park Avenue					
			City, State, Zip Code Hamilton, NJ 08690					
		Name of Contact Scott Rocco	Telephone Number 609-631-4100					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Steinert High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2900 Klockner Road		Square Feet 50,000	# of Floors 2					
City (5) Hamilton Square		Bldg. Age 75						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Nora Pearce		Telephone No. 609-298-4070	Telephone No. 856-755-0099					
Start Date (10) 05/23/2026		Scheduled Completion Date (11) 05/25/2026	License No. 00842					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor EMSL Analytical, Inc.						
		Street Address 200 Route 130 North						
		City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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
Old Pump Room	X		Pipe Fittings (Wrap & Cut)	5 LF	X			
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Maple Shade, NJ		Disposal Date 05/25/2026		City, State Morrisville, PA				
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 05/20/2026				

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

Date of Notification (1) 05/14/2026		Name of Building Owner/Operator (2) MAY 26 2026	
Agencies Notified <input 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 19 Holland Rd City, State, Zip Code South Orange, NJ 07079
			Name of Contact _____ Telephone Number _____

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 19 Holland Rd			Square Feet	# of Floors	Bldg. Age
City (5) South Orange			Current Use (Prior if being demolished)		
County (6) Essex		County Code (7) (STATE USE ONLY) _____			

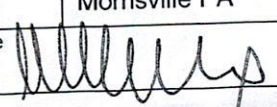
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) MHM Restoration LLC		
Street Address N/A		Street Address 164 Meriline Ave Apt C			
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 862-386-8433	License No. 02090	

Start Date (10) 05/31/2026	Scheduled Completion Date (11) 06/02/2026	Name of OSHA Monitor MHM Restoration 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 164 Meriline Ave Apt C			
		City, State, Zip Code Woodland Park NJ 07424			

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) 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		*		VAT	473 SF	*			

Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless	
City, State Woodland Park NJ		Disposal Date TBD	City, State Morrisville PA		
Completed by Mike Hadzic		Title owner	Signature 		Date 05/14/2026

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

1037



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

MAY 26 2026

Date of Notification (1) 05/14/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 761 Ringwood Ave City, State, Zip Code Pompton Lakes, NJ 07442
	Name of Contact		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 761 Ringwood Ave		Square Feet	# of Floors
City (5) Pompton Lakes		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) MHM Restoration LLC	
Street Address		Street Address 164 Meriline Ave Apt C	
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm		Telephone No. 862-386-8433	License No. 02090

Start Date (10) 05/28/2026	Scheduled Completion Date (11) 05/30/2026	Name of OSHA Monitor MHM Restoration 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 164 Meriline Ave Apt C	
		City, State, Zip Code Woodland Park NJ 07424	

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
basement		*		VAT	1100SF	*			

Name of Registered Waste Hauler MHM Restoration LLC	NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless	
City, State Woodland Park NJ		Disposal Date TBD	City, State Morrisville PA	
Completed by Mike Hadzic	Title owner	Signature 	Date 05/14/2026	

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11226

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

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MAY 26 2026

Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) Borough of Cliffside Park							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 525 Paliside Ave						
	City, State, Zip Code Cliffside Park NJ 07010		Telephone Number 201-945-3456						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Temple Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 207 Edgewater Road		Square Feet N/A	# of Floors N/A						
City (5) Cliffside Park NJ 07010		Bldg. Age N/A							
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Temple Building						
Name of Monitoring Firm Hired by Building Owner (8) Iris Lab		ASCM No.	Name of Abatement Contractor (9) Teal Management						
Street Address 2333 US-22		Street Address 24 Motrley Drive							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-9973	Telephone No. 862-243-1471						
License No. 02063		Name of OSHA Monitor Teal Management							
Start Date (10) 06/01/2026		Scheduled Completion Date (11) 08/28/2026							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 24 Morley Drive							
		City, State, Zip Code Woodland Park NJ 07424							
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 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
Upper Floor			x	accustical ceiling	6000 SF	x			
Upper Floor			x	VAT & MASTIC	1460 SF	x			
Lower Floor electrical room			X	VAT & MASTIC	2500 SF	X			
Lower Floor crawlspace			x	pipe insulation	45 LF	X			
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229		Cubic Yards of Waste 90CY	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park NJ 07424				Disposal Date 07/28/2026	City, State Morrisville PA				
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 05/10/2026			

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

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MAY 26 2026

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/20/2026		Name of Building Owner/Operator (2) 28 Rutgers 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 1243 Route 22							
		City, State, Zip Code Mountainside NJ 07092							
		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 28 Rutgers Ave		Square Feet	# of Floors 2						
City (5) Colonia		Bldg. Age +50							
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Demo LLC						
Street Address		Street Address 143 Acme St							
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202							
Project Manager for Monitoring Firm		Telephone No. 862-218-3930	License No. 02045						
Start Date (10) 05/30/2026		Scheduled Completion Date (11) 05/31/2026							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor United Demo LLC							
Street Address 143 Acme St		City, State, Zip Code Elizabeth NJ 07202							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
1st FL Stairwell		X		Plaster	60 Sf	X			
Basement flue pipe		X		Furnace Cement	3 SF	X			
Roof Exterior Chimney		X		Chimney Tar	6 SF	X			
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986		Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Jose N Rosas		Title Project Manager		Signature 			Date 05/20/2026		


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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) 5/22/26		Name of Building Owner/Operator (2) Tony Massa		MAY 26 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3 Driftway		City, State, Zip Code Florham Park NJ 07932					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Green Heads Restaurant			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 302 2nd Street			Square Feet 1000+	# of Floors 2	Bldg. Age 50+				
City (5) Beach Haven NJ 08008			Current Use (Prior if being demolished) Restaurant / Apt						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 6/3/26		Scheduled Completion Date (11) 6/9/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	4000 SF	X			
2nd Floor foyer unit 3/unit 4 foyer			X	Paneling Glue	250 SF	X			
Unit 3 small front bedroom			X	Mastic	60 SF	X			
Unit 4 Foyer outside bedroom			X	Black Floor Tile Mastic	15 SF	X			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 6	Name of Registered Landfill Fairless Hills				
City, State Berlin NJ		Disposal Date 5/26/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna			Title President	Signature 		Date 5/22/26			

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4092

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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) 05/19/2026		Name of Building Owner/Operator (2) Ilearn Facility Development Inc	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33-00 Broadway
			City, State, Zip Code Fair Lawn, NJ 07410
			Name of Contact Richard Arslan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Passaic arts & Science Charter School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 154 East 1 st Street		Square Feet 50,000	# of Floors 3
City (5) Clifton, New Jersey		Bldg. Age +55	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational	

Name of Monitoring Firm Hired by Building Owner (8) New Wave Engineering, LLC		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO Box 4124		Street Address 246 Union Boulevard		
City, State, Zip Code Wayne, New Jersey 07474		City, State, Zip Code Totowa, New Jersey 07512		

Project Manager for Monitoring Firm Nadine Bello, MS, RPIH, CIEC, AST		Telephone No 973-981-4850	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 05/29/2026	Scheduled Completion Date (11) 06/01/26		Name of OSHA Monitor LIS CONSULTING SERVICES, LLC	

Occupancy Status During Abatement (Check Only One)		Street Address 3 B Cottage Court	
<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 Whiting, New Jersey	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove bag Procedure / Limited Containment & Tent
		<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
Hallway outside of the Boiler Room		X		Breaching Insulation Wrap & Cut	150 LF	X			
Hallway outside of the Boiler Room		X		Pipe Insulation Wrap & Cut	30 LF	X			
Room 103		X		Pipe Insulation Wrap & Cut	60 LF	X			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill	
City, State Elizabeth, New Jersey		Disposal Date June/ 2026		City, State Pen Argyl, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 05/19/26

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44120

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

RECEIVED
 MAY 28 2026

Date of Notification (1)
 5 / 26 /2026

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

Street Address
 30 PROSPECT AVENUE

City, State, Zip Code
 HACKENSACK, NEW JERSEY 07601

Name of Contact
 RICHARD DAVIDSON

Telephone Number
 201-638-9178

Agencies Notified

<input type="checkbox"/>	EPA	<input type="checkbox"/>	Initial Notification
<input type="checkbox"/>	DEP	<input type="checkbox"/>	Amended Notification
<input checked="" type="checkbox"/>	DOL	<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	DOH	<input type="checkbox"/>	On Hold
<input type="checkbox"/>	DCA	<input checked="" type="checkbox"/>	EMERGENCY NOTIFICATION

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
 30 PROSPECT AVENUE

City (5)
 HACKENSACK

County (6)
 BERGEN

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
 HOSPITAL

ASCM No.
 99

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SUFFERN, NEW YORK 10901

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

Street Address
 300 KIMBALL DRIVE

City, State, Zip Code
 PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm
 CRAIG NAPOLITANO

Telephone Number
 646-210-6500

Expected State Date (10)
 5 / 28 /2026

Sched. Completion Date (11)
 6 / /05 /2026

Name of OSHA Monitor
 QUALITY ENVIRONMENTAL

Street Address
 1376 ROUTE 9

City, State, Zip Code
 WAPPINGER FALLS, NY 12590

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition	<input checked="" type="checkbox"/>	Renovation
<input checked="" type="checkbox"/>	>3SF OR LF		
<input type="checkbox"/>	>160 SF OR 260 LF		

Full Containment
 Mini-Encl.
 Glovebag Procedure
 Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR ROOM 2879			EXTERIOR WALL WATERPROOFING TAR	102 SF	X			
2ND FLOOR ROOM 2879			WINDOW CAULK	8 SF	X			

Name of Registered Waste Hauler
 NEWARK CARTING
 369 RAYMOND BLVD.
 City, State
 NEWARK, NEW JERSEY 07105

NJDEP Waste Hauler ID No.
 913

Cubic Yards of Waste
 5

Name of Registered Landfill
 GRAND CENTRAL SANITARY LANDFILL

Disposal Date
 5/28-6/5/2026

City, State
 PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

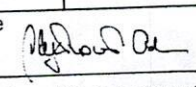
Signature

Date
 5/26/26

4086

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

Date of Notification (1) 05/12/2026		Name of Building Owner/Operator (2) Our Lady of Sorrows Church		Check No. 4086					
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 70 Claremont Avenue City, State, Zip Code Jersey City, New Jersey 07305		Telephone Number 201-433-0626				
			Name of Contact Reverend Esterminio Chica						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Our Lady of Sorrows			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 654 Ocean Avenue			Square Feet 4000	# of Floors 1	Bldg. Age 110+				
City (5) Jersey City, New Jersey 07305			Current Use (Prior if being demolished) Parish Hall/School Gymnasium						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Lilich Corporation						
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. 0012	Street Address 246 Union Boulevard						
Street Address 560 Sylvan Avenue Suite 3065		City, State, Zip Code Totowa, New Jersey 07512							
City, State, Zip Code Englewood Cliffs, NJ 07632		Telephone No. 973-981-4850	Telephone No. 973-225-8400	License No. 01104					
Project Manager for Monitoring Firm Nadine Bello		Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Start Date (10) 6/15/2026		Street Address 2333 Route 22 West							
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 Union, NJ 07083							
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"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	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
Gymnasium			X	Hardwood floor & underlayment	4564LF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Landfill					
City, State Elizabeth, New Jersey		Disposal Date June / 2026	City, State Pen Argyl, PA						
Completed by Adriana Olejarova		Title President	Signature 		Date 05/12/2026				

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

2338

U3503463 RECEIVED

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

JUN 1 2026

Date of Notification (1) 05/27/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 384 Haynes Street	
		City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

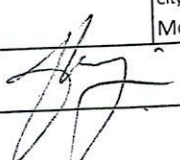
FACILITY INFORMATION

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 384 Haynes Street		Square Foot 1,650	# of Floors 2	Bldg. Age 55+
City (5) Hackensack		Current Use (Prior if being demolished)		
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) Unicorn Contracting Corp.		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Street Address 14 Willow Street	
Street Address		City, State, Zip Code Bloomfield, NJ 07003		
City, State, Zip Code		Telephone No. 973-333-9176	License No. 01331	
Project Manager fo Monitoring Firm		Name of OSHA Monitor Envirovision Consultants, Inc.		
Start Date (10) 05/28/2026		Scheduled Completion Date (11) 05/28/2026		Street Address 20-21 Wagaraw Rd., Bldg. 35-E
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: 8:30 am-5:00pm		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) 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		TSI	20 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill	
City, State Bloomfield, New Jersey		Disposal Date TBD	City, State Morrisville, PA		
Completed by Blazhe Grozdanov		Title Project Manager	Signature 		Date 05/27/2026

11038

41364130

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

RECEIVED

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) MAY 29 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 607 Vassar Road								
		City, State, Zip Code Wenonah, NJ 08090								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 607 Vassar Road		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) Wenonah		Square Feet 1,400	# of Floors 2							
County (6) Gloucester		Bldg. Age 66	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue								
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	License No. 00842							
Start Date (10) 06/05/2026	Scheduled Completion Date (11) 06/08/2026	Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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	
Attached Garage (Interior)			X	Siding	100 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 06/08/2026		City, State Morgantown, PA						
Completed by Christina Fay		Title VP of Operations	Signature 				Date 05/26/2026			

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

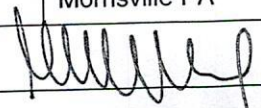
1038

4364153

Print Form

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

RECEIVED

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) MAY 27 2026						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 E 2nd St ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code Clifton, NJ 07508						
		Name of Contact	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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 30 E 2nd St		Square Feet	# of Floors					
City (5) Clifton		Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) MHM Restoration LLC						
Street Address		Street Address 164 Meriline Ave Apt C						
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424						
Project Manager for Monitoring Firm		Telephone No. 862-386-8433	License No. 02090					
Start Date (10) 05/30/2026	Scheduled Completion Date (11) 05/31/2026	Name of OSHA Monitor MHM Restoration 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 164 Meriline Ave Apt C						
		City, State, Zip Code Woodland Park NJ 07424						
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
basement		*	pipe insulation		*			
Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless				
City, State Woodland Park NJ		Disposal Date TBD	City, State Morrisville PA					
Completed by Mike Hadzic	Title owner	Signature 		Date 05/15/2026				

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

10948

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

4364153
RECEIVED 1098

Date of Notification (1)
5/22/2026

Name of Building Owner/Operator (2)
r

Street Address
39 Woodcrest Avenue

City, State, Zip Code
Short Hills, NJ 07078

Name of Contact
r

Telephone Number

Agencies Notified

Type Notification

EPA
 DEP
 DOL

DOH
 DCA

Initial
 Amended
Amendment # _____

Emergency (including justification)
 Cancellation

ASBESTOS CONTROL & LICENSING

MAY 27 2026

FACILITY INFORMATION

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

Street Address
45 Woodcrest Avenue

City (5)
Short Hills

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Name of Abatement Contractor (9)
NorthEast Management LLC

Street Address
41 Madison Avenue

City, State, Zip Code
Rochelle Park, NJ 07662

Telephone No.
201-577-1381

License No.
02008

Name of OSHA Monitor
NorthEast Management LLC

Street Address
41 Madison Avenue

City, State, Zip Code
Rochelle Park, NJ 07662

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
6/1/2026

Scheduled Completion Date (11)
7/1/2026

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

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

Name of Registered Waste Hauler
Century Waste

NJDEP Waste Hauler ID No.
32797

Cubic Yards of Waste

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Disposal Date

Completed by
Sonja DImovska

Title
Owner

Signature
S. DImovska

Date
5/22/2026

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

2340

U363610

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

RECEIVED

Jun 1 2026

Date of Notification (1) 05/28/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	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	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	231 Boulevard
		City, State, Zip Code	
		Passaic, NJ 07055	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)		
Street Address 231 Boulevard		<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) Passaic	County Code (7) (STATE USE ONLY)	Square Foot 2,700	# of Floors 2	Bldg. Age 55+
County (6) Passaic		Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address		Street Address 14 Willow Street		
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003		
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331	
Start Date (10) 05/29/2026	Scheduled Completion Date (11) 05/29/2026		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35-E		
<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: 8:00 am-4:30pm		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) 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		TSI	20 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill	
City, State Bloomfield, New Jersey		Disposal Date TBD	City, State Morrisville, PA		Date 05/28/2026
Completed by Blazhe Grozdanov	Title Project Manager	Signature		Date	

3710

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

Check 3710
 RECEIVED

Date of Notification (1) 05/19/2026		Name of Building Owner/Operator (2)									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 116 S 8th Ave		MAY 26 2026						
			City, State, Zip Code Highland Park, NJ 08904								
			Name of Contact owitz	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 116 S 8th Ave			Square Feet 1,152	# of Floors 1	Bldg. Age 1910						
City (5) Highland Park, NJ 08904			Current Use (Prior if being demolished)								
County (6) Middlesex		County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC								
Street Address			Street Address 75 Voorhis Place								
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 05/26/2026	Scheduled Completion Date (11) 06/01/2026		Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address								
			City, State, Zip Code								
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Basement		x		mastic		1,243 SF		x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 06/01/2026		City, State Pen Argyl, PA							
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 05/19/2026				

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

29471

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL Job# 26-8137

RECEIVED

MAY 22 2026

Date of Notification (1) 05/19/2026		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Madison Avenue	
		City, State, Zip Code Morrison, NJ 07960	
		Name of Contact Karen Martinez	Telephone Number 862-260-5971

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Morristown Medical Center - Anderson Buildings		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 100 Madison Avenue		Square Feet	# of Floors
City (5) Morrison, NJ 07960		Bldg. Age	
County (6) Morrison	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Colliers Engineering	ASCM No.	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro	
Street Address 400 Valley Road, Suite 304		Street Address 11-02 Queens Plaza South	
City, State, Zip Code Mt. Arlington, NJ 07856		City, State, Zip Code Long Island City, NY 11101	
Project Manager for Monitoring Firm John Fortunato	Telephone No. 732-710-1142	Telephone No. 718-349-0900	License No. 00853

Start Date (10) 06/01/2026	Scheduled Completion Date (11) 09/01/2026	Name of OSHA Monitor Timothy Barrett	
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 398 Bunker Drive	
		City, State, Zip Code Oceanside, NY 11572	

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
See attached quantity sheet									

Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY 11967		Disposal Date 06/05/2026	City, State Waynesburg, OH 44688
Completed by Ann A. Ali	Title Compliance Admin	Signature 	Date 05/19/2026

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

FLOOR	TYPE OF ACM	QUANTITY SF	QUANTITY LF
1st	Floor Tile & Mastic	100	
1st	Floor Mastic	140	
1st & 2nd	Ceramic Grout Tile	130	
1st & 2nd	Ceramic Tile Adhesive	350	
1st - 3rd	Pipe Insulation		900
1st - 3rd	Pipe Insulation Fittings		200
1st - 3rd	Vapor Barriers	20,000	
1st - 3rd	Window Caulk	3,700	
1st, 2nd & 3rd	Cove Base Mastic	1,200	
1st, 2nd & 3rd	Building Seam Caulk		60
1st, 2nd & 3rd	Waterproofing	5,000	
2nd & 3rd	Door Windowpane Caulk		24
2nd & 3rd	Cementitious Material	100	
3rd Floor	Entry Vestibule Pane Caulk		1,400
3rd Floor	Door Caulk		100
Roof	Roof Flashing	900	

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

RECEIVED

MAY 26 2026

Date of Notification (1)
5 / 5 /2026

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

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact **Telephone Number**
BRIAN O'NEIL 848-275-1901

Agencies Notified

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

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #5
<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
1945 STATE HWY. 33

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

City (5) **County (6)** **County Code (7)** **Current Use (Prior if being demolished)**
NEPTUNE MONMOUTH (STATE USE ONLY) COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8) **ASCM No.** **Name of Abatement Contractor (9)**
ENVIRONMENTAL TACTICS INC. 64 PAR ENVIRONMENTAL CORPORATION

Street Address
64 BROAD STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
MATAWAN, NJ

City, State, Zip Code
SUFFERN, NEW YORK 10901

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

Expected State Date (10) **Sched. Completion Date (11)** **Name of OSHA Monitor**
5 / 1 /2026 12 / 30 /2026 QUALITY ENVIRONMENTAL
Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: Friday-4pm-12am, Sat., Sun., Mon. 7am-12am

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590


Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler **NJDEP Waste Hauler ID No.** **Cubic Yards of Waste** **Name of Registered Landfill**
NEWARK CARTING 913 20 GRAND CENTRAL SANITARY LANDFILL
369 RAYMOND BLVD.

City, State **Disposal Date** **City, State**
NEWARK, NEW JERSEY 07105 1/12/2026-12/30/2026 PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type) **Title** **Signature** **Date**
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS  5-5-26

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

RECEIVED

Date of Notification (1) 4 / 28 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEIL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #4	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

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

Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 5 / 1 /2026		Sched. Completion Date (11) 12 / 30 /2026		Name of OSHA Monitor QUALITY ENVIRONMENTAL
Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGER FALLS, NY 12590		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:				
<input checked="" type="checkbox"/> Other - Describe: Friday-4pm-12am, Sat., Sun., Mon. 7am-12am				

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 1/12/2026-12/30/2026		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		Date 4-28-26

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

Date of Notification (1) 3 / 20 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
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		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact BRIAN O'NEIL	Telephone Number 848-275-1901

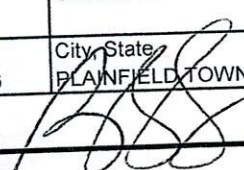
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs.,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

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Street Address 1376 ROUTE 9
		City, State, Zip Code WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Disposal Date 1/12/2026-12/30/2026		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 3-20-26

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

Date of Notification (1) 3 / 5 /2026		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH		
		Street Address 30 PROSPECT AVENUE		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
			Name of Contact BRIAN O'NEIL	Telephone Number 848-275-1901

FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
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Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY) 		

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
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Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901		

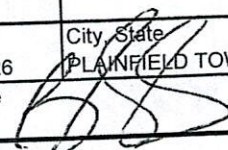
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 1 / 12 /2026 Month Day Year		Sched. Completion Date (11) 12 / 30 /2026 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Street Address 1376 ROUTE 9		
		City, State, Zip Code WAPPINGER FALLS, NY 12590		

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

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

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL PLAINFIELD TOWNSHIP, PA	
Disposal Date 1/12/2026-12/30/2026		Signature 		Date 3-5-26	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS			

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

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

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER	Type of Facility (4)
	<input type="checkbox"/> School (K-12)
	<input type="checkbox"/> Subchapter 8 (Other than K-12)
	<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)

Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6	Bldg. Age 89
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL


Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 64	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 1 / 12 /2026		Sched. Completion Date (11) 12 / 30 /2026		Name of OSHA Monitor QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGER FALLS, NY 12590
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		

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

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

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

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

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

FACILITY INFORMATION

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

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

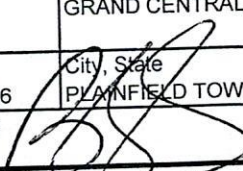
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101
--	----------------------------------	----------------------------------	------------------------

Expected State Date (10) 1 / 12 /2026 Month Day Year	Sched. Completion Date (11) 12 / 30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
--	--	---

Occupancy Status During Abatement (Check only one)	Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM	City, State, Zip Code WAPPINGER FALLS, NY 12590

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

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

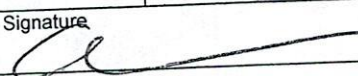
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105	Disposal Date 1/12/2026-12/30/2026	City, State PLAINFIELD TOWNSHIP, PA	Date 12-30-25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

10560

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

RECEIVED

MAY 28 2026

Date of Notification (1) 5/26/26		Name of Building Owner/Operator (2) Pitman Public Schools								
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 225 Linden Ave								
		City, State, Zip Code Pitman NJ 08071								
		Name of Contact Mark Morris	Telephone Number 856-346-3793							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Pitman Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 138 East Holly Ave		Square Feet 1000+	# of Floors 2							
City (5) Pitman NJ 08071		Bldg. Age 50+								
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services LLC		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address 80 Fork Bridge Road		Street Address PO Box 329								
City, State, Zip Code Pittsgrove NJ 08318		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-889-1736	Telephone No. 856-753-9800							
		License No. 00727								
Start Date (10) 6/8/26	Scheduled Completion Date (11) 6/17/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	
Above Gym Ceiling Attic Space				Pipe Insulation Wet Wrap & Cut	230 LF	x				
				Wet Wrap & Cut						
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Hills						
City, State Hainesport NJ		Disposal Date 6/17/26		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 				Date 5/26/26		

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


6344

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

RECEIVED Print Form

JUL 26 2026
 Check # 6344

Job#6496

Date of Notification (1) 05-21-26		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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 Broad Street		City, State, Zip Code Phillipsburg, NJ, 08865					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address 600 Broad 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) Phillipsburg		Square Feet 419,307	# of Floors 2	Bldg. Age 80					
County (6) Warren		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) manufacturing						
Name of Monitoring Firm Hired by Building Owner (8) TRC		ASCM No. 00113	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1407 Broadway Suite 3301		Street Address 200 Broad Street							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Michael Garambone		Telephone No. 973-440-0023	Telephone No. 201-939-6565	License No. 00756					
Start Date (10) 05-22-26	Scheduled Completion Date (11) 6-30-26		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) 10,000 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Ground - Bldg 101			x	ACM Debris		x			
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill					
City, State North Bergen, NJ 07047 / Freehold, NJ 07728			Disposal Date TBD	City, State Morrisville, PA					
Completed by Joseph Patrick		Title Project Manager	Signature 		Date 05-21-26				

1057

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

RECEIVED

Date of Notification (1) 05/12/2026		Name of Building Owner/Operator (2) Bloomingdale Public School District		Check No. 4087
Agencies Notified <input 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		Street Address	
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		225 Glenwild Avenue	
			City, State, Zip Code Bloomingdale, New Jersey 07403	
		Name of Contact Reverend Esterminio Chica		Telephone Number 201-433-0626

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) The Walter T Bergen School			Type of Facility (4)		
Street Address 225 Glenwild Avenue			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Bloomingdale, New Jersey 07403		Square Feet 10000	# of Floors 2	Bldg. Age 50+	
County (6) Passaic		County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) Parish Hall/School Gymnasium		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. 0012	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 560 Sylvan Avenue Suite 3065			Street Address 246 Union Boulevard		
City, State, Zip Code Englewood Cliffs, NJ 07632			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Nadine Bello		Telephone No. 973-981-4850	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 05/29/2026		Scheduled Completion Date (11) 06/01/2026		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<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 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 type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room			X	TSI	25LF	X			
Mechanical Room			X	Elbows	24 units	X			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill	
City, State Elizabeth, New Jersey			Disposal Date June / 2026	City, State Pen Argyl, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 05/12/2026

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

2137

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

RECEIVED

Date of Notification (1) <u>05</u> / <u>18</u> / <u>26</u>		Name of Building Owner/Operator (2) Rowan University		MAY 26 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 201 Mullica Hill Road		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Glassboro NJ. 08028						
			Name of Contact Tom Gallia	Telephone Number 856-256-4142					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robinson Hall Suite 117 J & A			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 201 Mullica Hill Road			Square Feet 100,000	# of Floors 3	Bldg. Age +/- 50				
City (5) Glassboro		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
County (6) Gloucester									
Name of Monitoring Firm Hired by Building Owner (8) Dynamic Earth LLC		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 826 Newtown Yardley Road Suite 201		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Newtown, PA 18940		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Rafael Torres		Telephone No. 609-890-7277	Telephone No. 215-365-5810	License No. 1156					
Start Date (10) <u>05</u> / <u>28</u> / <u>26</u>		Scheduled Completion Date (11) <u>05</u> / <u>29</u> / <u>26</u>		Name of OSHA Monitor USA Environmental Management, 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: <u>7:00</u> AM- <u> </u> PM/ <u>3:30</u> PM- <u> </u> AM			Street Address 8436 Enterprise Avenue						
			City, State, Zip Code Philadelphia, PA 19153						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >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
Suite 117 J & A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610		Cubic Yards of Waste 01	Name of Registered Landfill Western Berks Landfill				
City, State Philadelphia, PA		Disposal Date 07/30/2025		City, State Birdsboro, PA					
Completed By (Print or Type) Tracy Smith		Title President		Signature <i>For: Tracy Smith</i>			Date 5/19/26		

3716

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

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 Check 3716

Date of Notification (1) 05/14/2026		Name of Building Owner/Operator (2) <p style="text-align: right;">JUN 1 2026</p>							
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 116 S 8th Ave <p style="text-align: right;">ASBESTOS CONTROL & LICENSING</p>						
			City, State, Zip Code Highland Park, NJ 08904						
			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 116 S 8th Ave			Square Feet 1,152	# of Floors 1	Bldg. Age 1910				
City (5) Highland Park, NJ 08904			Current Use (Prior if being demolished)						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 05/25/2026		Scheduled Completion Date (11) 06/01/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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		mastic	1,243 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 06/01/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 05/14/2026				

3675

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

Check 3675
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Date of Notification (1) 05/12/2026		Name of Building Owner/Operator (2) :							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 Koclas Dr						
			City, State, Zip Code Netcong, NJ 07857						
			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 33 Koclas Dr			Square Feet 2,300	# of Floors 1	Bldg. Age 1956				
City (5) Netcong, NJ 07857		County (6) Morris		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address			Street Address 75 Voorhis Place						
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 05/21/2026	Scheduled Completion Date (11) 05/28/2026		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement bedroom		X		floor tile & mastic	331 SF	X			
Family room		X		floor tile & mastic	327 SF	X			
Storage and closet		X		floor tile & mastic	19 SF	X			
Basement		X		laminare flooring	196 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/28/2026	City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 05/12/2026				

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

3713

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

Print Form

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Date of Notification (1) 05/13/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">JUN 1 2026</div>							
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 252 Hawthorne St		City, State, Zip Code Scotch Plains, NJ 07076					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 252 Hawthorne St			Square Feet 1,080	# of Floors 1	Bldg. Age 1950				
City (5) Scotch Plains, NJ 07076		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____		Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address			Street Address 75 Voorhis Place						
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201- 466-0166	License No. 02126				
Start Date (10) 05/16/2026		Scheduled Completion Date (11) 05/22/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 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 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		X		Floor tile & mastic	412 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 05/22/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>			Date 05/13/2026		

3712

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

RECEIVED
 Check 3712

Date of Notification (1) 05/13/2026		Name of Building Owner/Operator (2) JUN 1 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 5th St ASBESTOS CONTROL & LICENSING								
		City, State, Zip Code Flagtown, NJ 08821								
		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 8 5th St		Square Feet 1,958	# of Floors 1							
City (5) Flagtown, NJ 08821		Bldg. Age 1957								
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 05/15/2026	Scheduled Completion Date (11) 05/22/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 452 SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Hall, Kitchen, Laundry/Utility, Dining		x		Floor tile & mastic		x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 05/22/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 05/13/2026		

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

3715

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

RECEIVED
 Check 3715

JUN 1 2026

Date of Notification (1) 05/14/2026		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 3010 Tremley Point Rd									
			City, State, Zip Code Linden, NJ 07036									
			Name of Contact		Telephone Number							
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <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 3010 Tremley Point Rd			Square Feet 1,026									
City (5) Linden, NJ 07036			# of Floors 2	Bldg. Age 1933								
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC									
Street Address			Street Address 75 Voorhis Place									
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456									
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126								
Start Date (10) 05/27/2026		Scheduled Completion Date (11) 06/02/2026		Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address									
			City, State, Zip Code									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Exterior		x			siding		2,000 Sf		x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill							
City, State Elizabeth, NJ				Disposal Date 06/02/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez			Title Owner		Signature <i>Lubica Perez</i>			Date 05/14/2026				

10572 * Emergency *

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

Check # RETVED

Date of Notification (1) 6/4/26		Name of Building Owner/Operator (2) Allrisk Restoration Inc								
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 801 E Clements Bridge Rd.		City, State, Zip Code Runnemede NJ 08078								
Name of Contact Chris Robledo		Telephone Number 609-941-9293								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) PBA Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1453 Cozzens Lane		Square Feet 1000+	# of Floors 2							
City (5) North Brunswick NJ 08902		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) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address 1253 N Church St		Street Address PO Box 329								
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 856-840-8800 x 31	Telephone No. 856-753-9800							
License No. 00727										
Start Date (10) 6/5/26	Scheduled Completion Date (11) 6/9/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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	
2nd Floor Hall an Bedroom Closet			x	Floor Tile & Mastic	100 SF	x				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills						
City, State Berlin NJ		Disposal Date 6/9/26	City, State Morrisville PA 19067							
Completed by Anthony T Perna		Title President	Signature 				Date 6/4/26			

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

10410

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

RECEIVED

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) Hala Saad / 2H LLC	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 Rt 10 City, State, Zip Code Whippany, NJ 07981 Name of Contact Hala Telephone Number 201-362-7915

JUN 1 2026

CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) private building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 500 Rt 10		Square Feet	# of Floors
City (5) Whippany		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) MHM Restoration LLC
Street Address		Street Address 164 Meriline Ave Apt C	
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-386-8433
			License No. 02090
Start Date (10) 06/05/2026	Scheduled Completion Date (11) 06/12/2026	Name of OSHA Monitor MHM Restoration 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 164 Meriline Ave Apt C	
		City, State, Zip Code Woodland Park NJ 07424	

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
1st and 2nd floor		*		VAT	3800 SF	*			

Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless	
City, State Woodland Park NJ		Disposal Date TBD		City, State Morrisville PA	
Completed by Mike Hadzic		Title owner	Signature 		Date 05/26/2026

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

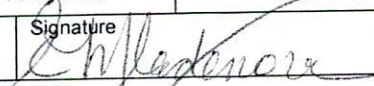
27334

PAID

RECEIVED Print Form

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

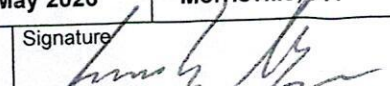
JUN 5 2026

Date of Notification (1) 06/01/2026		Name of Building Owner/Operator (2) MARIA TORRES							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 360 GROVE STREET ASBESTOS CONTROL & LICENSING						
	City, State, Zip Code CLIFTON, NJ 07013		Name of Contact BRIAN CIAURRO						
	Telephone Number 973-470-5816								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 730 CLIFTON AVENUE		Square Feet	# of Floors						
City (5) CLIFTON		Bldg. Age							
County (6) PASSAIC		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT BUILDING/UNSAFE STRUCTURE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 06/02/2026	Scheduled Completion Date (11) 07/03/2026		Name of OSHA Monitor SAME AS (9) ABOVE						
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: UNSAFE STRUCTURE			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 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
				RACM					
				DEMO OF UNSAFE STRUCTURE					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 500+/-	Name of Registered Landfill WASTE MANAGEMENT					
City, State TOTOWA, NJ 07512		Disposal Date 07/03/2026		City, State MORRISVILLE, PA					
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS	Signature 	Date 06/01/2026					

CK# 1497

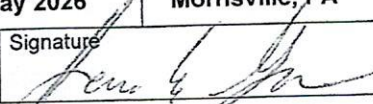
PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>05</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) RWJ Barnabas Health		JUN 1 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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 94 Old Short Hills Road		ASBESTOS CONTRACT LICENSING				
			City, State, Zip Code West Orange, NJ 07502						
			Name of Contact Ron Carvalho as agent	Telephone Number 908-208-3060					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clara Maass Medical Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1 Clara Maass Drive			Square Feet 40,000	# of Floors 4	Bldg. Age 68 + yrs.				
City (5) Belleville		County (6) Essex		County Code (7) (STATE USE ONLY) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions						
Street Address 64 Broad Street		Street Address P.O. Box 11							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-868-3323	License No. 02115					
Start Date (10) <u>05</u> / <u>20</u> / <u>26</u>		Scheduled Completion Date (11) <u>06</u> / <u>20</u> / <u>26</u>		Name of OSHA Monitor Same as above					
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 <input checked="" type="checkbox"/> Unoccupied work area			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4th Floor East, L&D Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum/Floor Tile/Mastic	525 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor East, L&D Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor - Room 448	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile/mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5 yds.	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date May 2026	City, State Morrisville, PA						
Completed By (Print or Type) James E Unger	Title President	Signature 		Date 5-29-26					

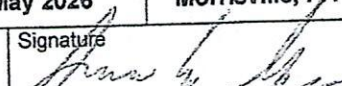
CK# 1483

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

Date of Notification (1) <u>05</u> / <u>18</u> / <u>26</u>		Name of Building Owner/Operator (2) RWJ Barnabas Health							
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 94 Old Short Hills Road						
			City, State, Zip Code West Orange, NJ 07502						
			Name of Contact Ron Carvalho as agent	Telephone Number 908-208-3060					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clara Maass Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Clara Maass Drive		Square Feet 40,000	# of Floors 4						
City (5) Belleville		Bldg. Age 68 + yrs.							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.	ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions							
Street Address 64 Broad Street		Street Address P.O. Box 11							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm Tom Geiger	Telephone No. 732-290-2217	Telephone No. 973-868-3323	License No. 02115						
Start Date (10) <u>05</u> / <u>20</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>31</u> / <u>26</u>	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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
4th Floor East, L&D Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum/Floor Tile/Mastic	525 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor East, L&D Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	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"/>
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5 yds.	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date May 2026	City, State Morrisville, PA						
Completed By (Print or Type) James E Unger	Title President	Signature 				Date 5-18-26			

CK # 1480

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


Date of Notification (1) 05 / 08 / 26		Name of Building Owner/Operator (2) RWJ Barnabas Health							
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 94 Old Short Hills Road							
		City, State, Zip Code West Orange, NJ 07502							
		Name of Contact Ron Carvalho as agent		Telephone Number 908-208-3060					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clara Maass Medical Center				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1 Clara Maass Drive				Square Feet 40,000	# of Floors 4				
City (5) Belleville		County Code (7)(STATE USE ONLY) Essex		Bldg. Age 68 + yrs.					
County (6) Essex		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions						
Street Address 64 Broad Street		Street Address P.O. Box 11							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-868-3323	License No. 02115					
Start Date (10) 05 / 20 / 26		Scheduled Completion Date (11) 05 / 31 / 26		Name of OSHA Monitor Same as above					
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 <input checked="" type="checkbox"/> Unoccupied Under Construction Space				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4th Floor East, L&D Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum/Floor Tile/Mastic	525 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 Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5 yds.	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date May 2026		City, State Morrisville, PA					
Completed By (Print or Type) James E Unger		Title President	Signature 		Date 5-8-26				

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

100
CK

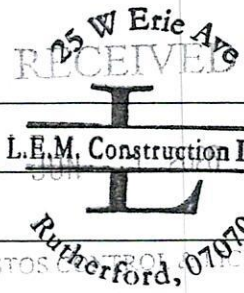
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 06/02/2026		Name of Building Owner/Operator (2) Township of Lower		JUN 5 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2600 Bayshore Road		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Villas, NJ 08251						
			Name of Contact Ryan O'Neill	Telephone Number 856-825-0636					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lower Township Construction & Code Enforcement Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2600 Bayshore Road			Square Feet 50,000	# of Floors 2	Bldg. Age 75				
City (5) Villas		County (6) Cape May		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address N/A			Street Address 623 Cutler Avenue						
City, State, Zip Code N/A			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 06/08/2026		Scheduled Completion Date (11) 06/26/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input 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
Exterior Roof		X		Built-up Roofing Material	5,370 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 30		Name of Registered Landfill Cape May County Utilities Authority			
City, State Freehold, NJ		Disposal Date 06/26/2026		City, State Woodbine, NJ					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 06/02/2026			

4319

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



Date of Notification (1) 5/26/26		Name of Building Owner/Operator (2) L.E.M. Construction LLC	
Agencies Notified	Type Notification	Street Address 122 Arnot Pl	City, State, Zip Code Paramus NJ 07652
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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	Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 122 Arnot Pl		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) Paramus	Square Feet	# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) LEM CONSTRUCTION LLC	
Street Address		Street Address 25 W ERIE AVE		
City, State, Zip Code		City, State, Zip Code RUTHERFORD NJ 07070		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-500-9896	License No. 02004

Start Date (10) 6/6/26	Scheduled Completion Date (11) 6/9/26	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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
LAUNDRY ROOM & KITCHEN				VAT TILES AND MASTIC	220 SF				
SIDING				EXTERIOR	1600 SF				

Name of Registered Waste Hauler LEM CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 02004	Cubic Yards of Waste TBD	Name of Registered Landfill TBD	
City, State TBD		Disposal Date TBD		City, State TBD	
Completed by Michael Urbizagastegui		Title Owner	Signature 		Date 5/26/26

6421 CK# 6421

PAID

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

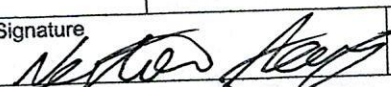
JUN 1 2026

Date of Notification (1) 5-27-26		Name of Building Owner/Operator (2) BOB HOME REPAIR						
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 P.O. BOX 322						
		City, State, Zip Code BRIGANTINE N.J 08203						
		Name of Contact BOB	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 2104 BAYSHORE DR		Square Feet 1000	# of Floors 2					
City (5) BRIGANTINE		Bldg. Age 50+						
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC						
Street Address		Street Address 369 S. SPRUCE AVE						
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 01371					
Start Date (10) 6-6-26	Scheduled Completion Date (11) 6-16-26	Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check only one): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SIDING			X	1750 SF	X			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill ACUA				
City, State MAPLE SHADE N.J		Disposal Date	City, State PLEASANTVILLE					
Completed By MICHAEL KLEMM	Title PRES	Signature MICHAEL KLEMM	Date 5-27-26					

18382135422

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

RECEIVED

Date of Notification (1) 05/25/2026		Name of Building Owner/Operator (2) MAY 27 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 259 Ridge Road City, State, Zip Code Cedar Grove, New Jersey 07009							
			Name of Contact Telephone Number 							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 259 Ridge Road		Square Feet 1,308 SF	# of Floors 2							
City (5) Cedar Grove		Bldg. Age 101 Years								
County (6) Essex County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting							
Street Address		Street Address 54 Hedden Terrace								
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031								
Project Manager for Monitoring Firm		Telephone No. (201) 790-4530	License No. 02047							
Start Date (10) 06/06/2026		Scheduled Completion Date (11) 06/09/2026								
Name of OSHA Monitor		Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement				Duct Insulation	60 LF	X				
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 1 CY	Name of Registered Landfill Keystone Sanitary Landfill						
City, State North Arlington, New Jersey		Disposal Date TBD		City, State Dunmore, Pennsylvania						
Completed by Nestor M. Alvez		Title Project Manager		Signature 			Date 05/25/2026			

28382135411

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

RECEIVED

Date of Notification (1) 05/22/2026		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 451 Central Park Drive City, State, Zip Code New Milford, New Jersey 07646 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 451 Central Park Drive			Square Feet 1,360 SF	# of Floors 2	Bldg. Age 86 Years				
City (5) New Milford		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) True Star Contracting					
Street Address		Street Address 54 Hedden Terrace							
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (201) 790-4530	License No. 02047				
Start Date (10) 06/01/2026		Scheduled Completion Date (11) 06/03/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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			X	Asbestos VAT	411 SF	X			
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 1	Name of Registered Landfill Chrin Bro Landfill				
City, State North Arlington, New Jersey		Disposal Date TBD		City, State Easton, PA					
Completed by Nestor M. Alvez		Title Project Manager		Signature <i>Nestor Alvez</i>		Date 05/22/2026			

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

1101

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

RECEIVED # 1101

Date of Notification (1) 5/29/2026		Name of Building Owner/Operator (2) GCC Newark LLC		MAY 1 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3333 Michelson Drive - Suite 1050		City, State, Zip Code Irvine, CA 92612					
		Name of Contact Dave Hoehmann		Telephone Number 201-252-8600					
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 200 US-1			Square Feet	# of Floors	Bldg. Age				
City (5) Newark, NJ 07114			Current Use (Prior if being demolished) Vacant						
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC						
Street Address		Street Address 41 Madison Avenue							
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381	License No. 02008					
Start Date (10) 6/8/2026	Scheduled Completion Date (11) 12/8/2026		Name of OSHA Monitor NorthEast Management LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 41 Madison Avenue						
			City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input 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) <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			X	See attached	see attached	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Elizabeth, NJ		Disposal Date		City, State Tullytown, PA					
Completed by Sonja Dimovska		Title Owner	Signature <i>S. Dimovska</i>		Date 5/29/2026				

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

RE: 200 US-1, NEWARK, NJ 07114- BUILDING 208-216

Basement

Pipe Insulation 6"and over Steel Line		5,800	LF
Pipe Insulation Under 6"		4,700	LF

1st floor and Mezzanine

Duct Insulation	Mezzanine front	1,500	SF
Floor Tile & Mastic	Mezzanine front 2 layers	1,800	SF
Pipe Insulation 6"and over Steel Line		900	LF
Pipe Insulation Under 6"		2,000	LF
window glazing on steel frames	back wall	2,500	LF
Pipe Insulation Behind walls		200	LF
Laboratory Hoods	2 hoods in lab	200	SF

2nd floor and mezzanine

Floor Tile & Mastic	Elevator Lobby - 3 layers	1,800	SF
Pipe Insulation 6" +		2,500	LF
Pipe Insulation Under 6"		3,000	LF
Tar wall insulation all layers coating	2M cold water Storage	1,000	SF
Pipe Insulation Behind walls	bathrooms and chases	500	LF
green floor tile and mastic	front center elevator lobby	400	SF
Pipe Insulation Under 6"	Can line at north end attic	1,800	LF
Tar Cork - Both layers	Cold water storage near locker rooms	1,200	SF

Exterior

Transite Panels at lower roof penthouses	back buildings	1,200	SF
old style window glazing	old original metal windows	2,500	LF
roof parapet wall caulk 18" strip every 3'	concrete tops	1,150	LF
expansion joint	exterior brick wall	1,500	LF

Rear Tunnel to powerhouse

Pipe Insulation 6"+		2,800	LF
Pipe Insulation Under 6"		2,350	LF

000278

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

RECEIVED

Date of Notification (1) 05/26/2026		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 47 Troy Drive	
		City, State, Zip Code Springfield NJ 07081	
		Name of Contact	Telephone Number

JUN 1 2026

ASBESTOS CONTROL LICENSING

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 47 Troy Drive		Square Feet	# of Floors 2
City (5) Springfield		Bldg. Age +50	
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) United Demo LLC
Street Address		Street Address 143 Acme St	
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202	
Project Manager for Monitoring Firm		Telephone No. 862-218-3930	License No. 02045
Start Date (10) 06/05/2026	Scheduled Completion Date (11) 06/05/2026	Name of OSHA Monitor United Demo LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 143 Acme St	
		City, State, Zip Code Elizabeth NJ 07202	

Scope of Work (Check All That Apply)

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

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

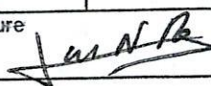
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth NJ		Disposal Date TBD		City, State Morrisville Pa	
Completed by Jose N Rosas		Title Project Manager	Signature 		Date 05/26/2026

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

000277

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

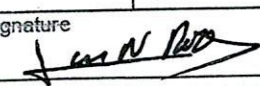
RECEIVED

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) JUN 1 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 800 Valley Place City, State, Zip Code Perth Amboy NJ 08861 Name of Contact Telephone Number						
	ASBESTOS CONTROL & LICENSING								
	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 800 Valley Place		Square Feet	# of Floors 2						
City (5) Perth Amboy		Bldg. Age +50							
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) United Demo LLC							
Street Address		Street Address 143 Acme St							
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202							
Project Manager for Monitoring Firm		Telephone No. 862-218-3930							
Start Date (10) 06/06/2026		License No. 02045							
Scheduled Completion Date (11) 06/08/2026		Name of OSHA Monitor United Demo LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 143 Acme St City, State, Zip Code Elizabeth NJ 07202							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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			X	VAT	420 SF	X			
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986		Cubic Yards of Waste As Needed		Name of Registered Landfill Fairless Landfill			
City, State Elizabeth NJ		Disposal Date TBD		City, State Morrisville Pa					
Completed by Jose N Rosas		Title Project Manager		Signature 		Date 05/26/2026			

000275

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

RECEIVED

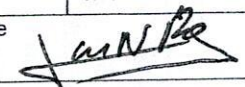
Date of Notification (1) 05/22/2026		Name of Building Owner/Operator (2) JUN 1 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 97 Highwood Rd City, State, Zip Code Mahwah NJ 07430		ASBESTOS CONTROL & LICENSING					
			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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 97 Highwood Rd			Square Feet	# of Floors	Bldg. Age +50					
City (5) Mahwah			Current Use (Prior if being demolished)							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) Lawal Environmental Services Corp		ASCM No.	Name of Abatement Contractor (9) United Demo LLC							
Street Address 55 East Mosholu Pkway N Apt 3G			Street Address 143 Acme St							
City, State, Zip Code Bronx NY 10467			City, State, Zip Code Elizabeth NJ 07202							
Project Manager for Monitoring Firm Lawal Prince Ahmed		Telephone No. 646-528-0913	Telephone No. 862-218-3930	License No. 02045						
Start Date (10) 05/23/2026		Scheduled Completion Date (11) 05/25/2026		Name of OSHA Monitor United Demo LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 143 Acme St City, State, Zip Code Elizabeth NJ 07202							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	
Laundry Room and Office		X		VAT and Mastic	260 SF	X				
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth NJ			Disposal Date TBD	City, State Morrisville PA						
Completed by Jose N Rosas		Title Project Manager		Signature 		Date 05/22/2026				

000280

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

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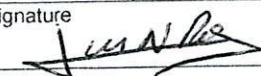
Date of Notification (1) 05/27/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 189 Clark St					
		City, State, Zip Code Bloomingtondale NJ 07403		Telephone Number ASBESTOS CONTROL & LICENSING					
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 189 Clark St			Square Feet	# of Floors 2	Bldg. Age +50				
City (5) Bloomingtondale		County (6) Passaic		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) United Demo LLC					
Street Address			Street Address 143 Acme St						
City, State, Zip Code			City, State, Zip Code Elizabeth NJ 07202						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 862-218-3930	License No. 02045				
Start Date (10) 05/30/2026		Scheduled Completion Date (11) 06/01/2026		Name of OSHA Monitor United Demo LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 143 Acme St						
			City, State, Zip Code Elizabeth NJ 07202						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> 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
1st fl 2 Bedroom, hallway			X	VAT	400 SF	X			
1st fl Boiler room			X	VAT	50 SF	X			
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986		Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth NJ		Disposal Date TBD		City, State Morrisville Pa					
Completed by Jose N Rosas		Title Project Manager		Signature 			Date 05/27/2026		

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

RECEIVED

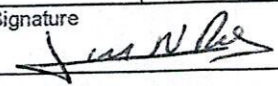
000281

JUN 2 2026

Date of Notification (1) 05/29/2026		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 1366 Spur Court						
			City, State, Zip Code Bridgewater NJ 08807						
			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 1366 Spur Court				Square Feet	Bldg. Age +50				
City (5) Bridgewater		County Code (7) (STATE USE ONLY) _____		# of Floors 2					
County (6) Somerset		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Demo LLC						
Street Address		Street Address 143 Acme St							
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-218-3930	License No. 02045					
Start Date (10) 06/08/2026		Scheduled Completion Date (11) 06/10/2026		Name of OSHA Monitor United Demo LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address 143 Acme St					
				City, State, Zip Code Elizabeth NJ 07202					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Ground Floor: Livingroom, bedroom, hallway, closet, landing entrance			X	VAT	480 SF	X			
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Jose N Rosas		Title Project Mnager	Signature 		Date 05/29/2026				

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

RECEIVED

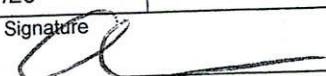
Date of Notification (1) 05/29/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 570 Varsity Road								
		City, State, Zip Code South Orange NJ 07079								
		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 570 Varsity Road		Square Feet	# of Floors 2							
City (5) South Orange		Bldg. Age +50								
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Demo LLC							
Street Address		Street Address 143 Acme St								
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202								
Project Manager for Monitoring Firm		Telephone No. 862-218-3930	License No. 02045							
Start Date (10) 06/11/2026	Scheduled Completion Date (11) 06/12/2026	Name of OSHA Monitor United Demo LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 143 Acme St								
		City, State, Zip Code Elizabeth NJ 07202								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Side Entrance: Stair wall			X	Plaster wall	80 SF	X				
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth NJ		Disposal Date TBD	City, State Morrisville PA							
Completed by Jose N Rosas		Title Project Mnager	Signature 				Date 05/29/2026			

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

10568

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

RECEIVED

Date of Notification (1) 6/1/26		Name of Building Owner/Operator (2) Kolovos Developments LLC		JUN 3 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 302 Toms Browns Road		DEPT. OF ENVIRONMENTAL CONTROL & LICENSING						
		City, State, Zip Code Moorestown NJ 08057		Name of Contact Jennifer						
				Telephone Number 609-268-3900						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Demo			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 71 Perkintown Rd			Square Feet 1000+	# of Floors 2	Bldg. Age 50+					
City (5) Pedricktown NJ 08067			Current Use (Prior if being demolished)							
County (6) Salem County		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 80 Fork Bridge Road		Street Address PO Box 329								
City, State, Zip Code Pittsgrove NJ 08318		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm James Eberts		Telephone No. 856-205-1077		Telephone No. 856-753-9800						
				License No. 00727						
Start Date (10) 6/11/26		Scheduled Completion Date (11) 6/17/26		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address							
			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) In Facility (13) <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	
2nd Story Attic 2 windows		X		Window Glazing	16 SF	X				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Hills				
City, State Berlin NJ		Disposal Date 6/17/26		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 			Date 6/1/26			

CK# 1499

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

RECEIVED

Date of Notification (1) <u>06</u> / <u>01</u> / <u>26</u>		Name of Building Owner/Operator (2) Dwight-Englewood School	
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 E. Palisade Avenue	
	City, State, Zip Code Englewood, NJ 07631		ASBESTOS CONTROL & LICENSING
	Name of Contact Jordan Massei		Telephone Number 201-446-0487

JUN 3 2026

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 and commercial buildings, homes, etc.)	
Street Address 187 N. Woodland Street		Square Feet 4,200	# of Floors 2
City (5) Englewood		Bldg. Age 80 yrs.	
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. N/A	Name of Abatement Contractor (9) SafeAir Solutions	
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Street Address P.O. Box 11	
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City, State, Zip Code Cedar Grove, NJ 07009	
---	--

Project Manager for Monitoring Firm	Telephone No. 973-868-3323	License No. 02115
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Start Date (10) <u>06</u> / <u>12</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>20</u> / <u>26</u>	Name of OSHA Monitor Same as above
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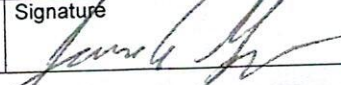
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input 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		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Sides of house	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1,050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill
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City, State Elizabeth, NJ	Disposal Date June 2026	City, State Morrisville, PA
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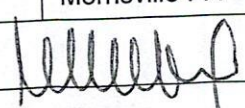
Completed By (Print or Type) James E Unger	Title President	Signature 	Date 6-1-26
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* Do not use this form for asbestos licensure exempted activities.

1041

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

RECEIVED

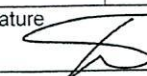
Date of Notification (1) 05/30/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 Duryea Rd								
		City, State, Zip Code Montclair, NJ 07043								
		Name of Contact _____ 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 16 Duryea rd		Square Feet	# of Floors							
City (5) Montclair		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) N/A		ASCM No.	Name of Abatement Contractor (9) MHM Restoration LLC							
Street Address		Street Address 164 Meriline Ave Apt C								
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. _____ License No. _____							
Start Date (10) 06/09/2026	Scheduled Completion Date (11) 06/13/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement		*		VAT	450SF	*				
Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless						
City, State Woodland Park NJ		Disposal Date TBD	City, State Morrisville PA							
Completed by Mike Hadzic		Title owner	Signature 				Date 05/30/2026			

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

55356311031

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

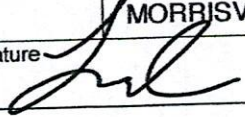
RECEIVED

Date of Notification (1) 06/01/2026		Name of Building Owner/Operator (2) Piscataway Board of Education		JUN 3 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1515 Stelton Road		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Piscataway, NJ 08854						
			Name of Contact Robert Uhrin	Telephone Number (732) 572-2289 ext. 2611					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fellowship Farms School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1515 Stelton Road			Square Feet 42,500	# of Floors 1	Bldg. Age 1928				
City (5) Piscataway		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Educational					
County (6) Middlesex									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No. 30	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address 120 North Warren Street			Street Address 59 Beaverbrook Rd. Ste 302 E						
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Lincoln Park, NJ, 07035						
Project Manager for Monitoring Firm Mike Moore		Telephone No. (609) 392-4200	Telephone No. (973) 807 6330	License No. 01383					
Start Date (10) 06/10/2026	Scheduled Completion Date (11) 06/18/2026		Name of OSHA Monitor Spes Contracting LLC						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Work Area Facility Non Occupied			Street Address 59 Beaverbrook Rd. Ste 302 E						
			City, State, Zip Code Lincoln Park, NJ, 07035						
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 O&M Wrap & Cut <input checked="" 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
Basement Hallway across from Nurses Office		X		Pipe & Fitting Insulation	25 LF	X			
Crawlspace		X		Pipe & Fitting Insulation	200 LF	X			
Basement Hallway across from Boiler Rm.		X		Pipe & Fitting Insulation	20 LF	X			
Basement Classroom adjacent to Nurses Office		X		Pipe & Fitting Insulation	30 LF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 10CY	Name of Registered Landfill Tri State Transfer & Associates					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Branislav Pavlov		Title General Manager	Signature 		Date 06/01/2026				

1002

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

RECEIVED

Date of Notification (1) 06/01/2026		Name of Building Owner/Operator (2) 187 LINDEN AVE LLC								
Agencies Notified		Street Address 99 CLARKE AVE								
<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								
		City, State, Zip Code JERSEY CITY, NJ 07304								
		Name of Contact								
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL 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 187 LINDEN AVE		Square Feet	# of Floors 2							
City (5) JERSEY CITY		Bldg. Age +50								
County (6) HUDSON		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL PROPERTY							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC							
Street Address		Street Address 24 LINCOLN AVE W								
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016								
Project Manager for Monitoring Firm		Telephone No. 5133487	License No. 02113							
Start Date (10) 06/10/2026		Scheduled Completion Date (11) 06/14/2026								
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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor								
		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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		X		SIDING	1500SF	X				
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill United States						
City, State 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date		City, State MORRISVILLE, PA						
Completed by JENNIFER GOMES		Title PRESIDENT	Signature 				Date 06/01/2026			

* Do not use this form for asbestos licensure exempted activities

10567

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

RECEIVED

Date of Notification (1) 6/1/26		Name of Building Owner/Operator (2) Sterling High School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 501 S Warwick Road	
		City, State, Zip Code Somerdale NJ 08083	
		Name of Contact Gary Smith	Telephone Number 856-812-1154

JUN 3 2026

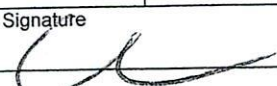
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sterling High School		Type of Facility (4) <input checked="" 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 501 S Warwick Road		Square Feet 1000+	# of Floors 1
City (5) Somerdale NJ 08083		Bldg. Age 50+	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address 80 Fork Bridge Road		Street Address PO Box 329	
City, State, Zip Code Pittsgrove NJ 08318		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm James Eberts		Telephone No. 856-205-1077	Telephone No. 856-753-9800
			License No. 00727
Start Date (10) 6/15/26	Scheduled Completion Date (11) 6/20/26	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>15 & 16 After 1 Pm Remaining Work Week Normal Hours</u>		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) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rm 106, 107, Vp Office, Tech Office		X		Floor Tile & Mastic	3055 SF	X			
& AD Office		X							
All One Work Area									

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Hills	
City, State Berlin NJ		Disposal Date 6/20/26		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 6/1/26

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5026

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

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Date of Notification (1) 06/02/2026		Name of Building Owner/Operator (2) Concordia MZL LLC C/O KPR Centers LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 535 Fifth Avenue, 12th Floor City, State, Zip Code New York, NY 10017 Name of Contact Janet Amore Telephone Number 570-242-5928
			ASBESTOS CONTROL & LICENSING JUN 5 2026

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Building Unit #42		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 1600 Perrineville Road		Square Feet 12,435	# of Floors 2
City (5) Monroe Township		Bldg. Age 41	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail	

Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) United Safety LLC	
Street Address 2333 Route 22 West		Street Address 101 Alexander Ave Unit 4		
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Pompton Plains, NJ 07444		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-276-0099	License No. 01317

Start Date (10) 6/13/2026	Scheduled Completion Date (11) 6/16/2026	Name of OSHA Monitor United Safety LLC		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am - 4:30pm		Street Address 101 Alexander Ave Unit 4		
		City, State, Zip Code Pompton Plains, NJ 07444		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stairwell #2		X		Vinyl Floor Tile/Mastic	10 SF	X			

Name of Registered Waste Hauler Red Technologies		NJDEP Waste Hauler ID No. 36163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva	
City, State Bloomfield, CT		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Vanco Petkov		Title Project Manager	Signature 		Date 6/02/2026

Money Order # 55359957538

Print Form

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

JUN 5 2026

Date of Notification (1) 6/2/2026		Name of Building Owner/Operator (2) Federal Reserve Bank of New York								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 Liberty Pl								
		City, State, Zip Code New York, NY 10038								
		Name of Contact Albert Acevedo	Telephone Number 347-503-6918							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) FRBNY Cash Services Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 15 Mountainview Rd		Square Feet 535,000	# of Floors 5							
City (5) Warren		Bldg Age 43 yrs								
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office building								
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No 00099	Name of Abatement Contractor (9) Vollers Excavating & Construction, Inc							
Street Address 1 University Square, Suite 110		Street Address 3311 Route 22 East								
City, State, Zip Code Princeton, NJ 08540		City, State, Zip Code North Branch, NJ 08876								
Project Manager for Monitoring Firm Craig Napolitano		Telephone No. 646-210-6500	Telephone No. 908-725-1026							
		License No. 02133								
Start Date (10) 6/15/2026	Scheduled Completion Date (11) 6/26/2026	Name of OSHA Monitor Nick Wahba								
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>Structure demolished, currently a construction site</u>		Street Address 3311 Route 22 East								
		City, State, Zip Code North Branch, NJ 08876								
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	
Sewer and storm pipe system			X	Transite pipes, tar/mastic coating	2730 LF	X				
Name of Registered Waste Hauler Mazza Recycling Services		NJDEP Waste Hauler ID No. 36891	Cubic Yards of Waste 140	Name of Registered Landfill WM Fairless Landfill						
City, State Tinton Falls NJ		Disposal Date multiple dates		City, State Morrisville PA						
Completed by Chris Bergacs		Title Director of EHS		Signature 			Date 6/2/2026			


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

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

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JUN 5 2026

Date of Notification (1) 06/03/2026		Name of Building Owner/Operator (2) Galaxy Towers							
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 7000 Kennedy Boulevard East, Apartment 27H City, State, Zip Code Guttenberg, NJ 07093						
			Name of Contact Cindy Garcia		Telephone Number 201 453 2407				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Galaxy Towers			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 7000 Kennedy Boulevard East, Apartment 27H			Square Feet 609	# of Floors 44	Bldg. Age 1976				
City (5) Guttenberg, NJ 07093		County (6) Hudson		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Marino Corporation USA		ASCM No. _____	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address 16192 Coastal Highway			Street Address 59 Beaverbrook Rd. Ste 302 E						
City, State, Zip Code Lewes, DE, 19958			City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm Frank Marino		Telephone No. 610 333 7002	Telephone No. 973 807 6330	License No. 01383					
Start Date (10) 06/12/2026		Scheduled Completion Date (11) 06/25/2026		Name of OSHA Monitor Spes 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 59 Beaverbrook Rd. Ste 302 E City, State, Zip Code Lincoln Park, NJ 07035						
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>			Removal <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>	Enclosure <input type="checkbox"/>
Office		x		Wood Floor & Assc. Mastic	300 SF	x			
Bedroom		x		Wood Floor & Assc. Mastic	300 SF	x			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 20Y	Name of Registered Landfill Tri State Transfer & Associates					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Bronx, NY					
Completed by Branislav Pavlov		Title General Manager	Signature 		Date 06/03/2026				

11099

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

RECEIVED

Date of Notification (1) 05/27/2026		Name of Building Owner/Operator (2) JUN 1 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 270 Crestview Avenue						
			City, State, Zip Code Blackwood, NJ 08012						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ferro 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 270 Crestview Avenue		Square Feet 1,352	# of Floors 2						
City (5) Blackwood		Bldg. Age 69							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
Start Date (10) 06/12/2026		Scheduled Completion Date (11) 06/16/2026	License No. 00842						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor EMSL Analytical, Inc.							
		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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
Steps to Basement			X	Floor Tile	50 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 06/16/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 05/27/2026			


NOCK

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

U363879

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Date of Notification (1) 05/27/2026		Name of Building Owner/Operator (2) JUN 1 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 152 & 156 Clinton Street		City, State, Zip Code Somerset, NJ 08873 ASBESTOS CONTROL & LICENSING				
			Name of Contact Telephone Number						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Tymocz 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 152 & 156 Clinton Street			Square Feet 1,700	# of Floors 3	Bldg. Age 58				
City (5) Somerset		County (6) Somerset		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 05/26/2026		Scheduled Completion Date (11) 06/05/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Popcorn Ceiling	1,700 SF	X			
Dining Room			X	Floor Tile	160 SF	X			
Ductwork			X	Popcorn Coating	60 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 06/05/2026	City, State Morgantown, PA						
Completed by Shannon Thomson		Title Operations Manager	Signature 		Date 05/27/2026				

1102

PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:62 and 12:120)

RECEIVED **CK# 1102**

Date of Notification (1) 6/1/2026		Name of Building Owner/Operator (2) 7 Falcon LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 165 Passaic Avenue, Suite 301B
	City, State, Zip Code Fairfield, NJ 07004		ASBESTOS CONTROL & LICENSING
	Name of Contact		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private		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 7 Falcon Court		Square Feet	# of Floors
City (5) Livingston		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) NorthEast Management LLC
Street Address		Street Address 41 Madison Avenue	
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662	
Project Manager for Monitoring Firm		Telephone No. 201-577-1381	License No. 02008
Start Date (10) 6/11/2026	Scheduled Completion Date (11) 6/17/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Throughout				VAT	1,070SF	x			
Exterior				Siding	2,600SF				

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date	City, State Morrisville, PA		
Completed by Sonja Dimovska		Title Owner	Signature <i>Simone</i>	Date 6/1/2026	

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

1105

3363346

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

RECEIVED # 1105

Date of Notification (1) 6/4/2026		Name of Building Owner/Operator (2) Housing Authority of the City of Jersey City	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 US Highway #1	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Stephanie Carson	Telephone Number 201-706-4756

JUN 9 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Booker T. Washington Apartments - Unit 914		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 200 Colden Street		Square Feet	# of Floors
City (5) Jersey City, NJ 07302		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC
Street Address		Street Address 41 Madison Avenue	
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381
			License No. 02008
Start Date (10) 6/15/2026	Scheduled Completion Date (11) 6/19/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	VAT/mastic	640sf	X			

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska	Title Owner	Signature <i>S. Dimovska</i>	Date 6/4/2026

4294

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

4364714
25 W ERIE AVE
RECEIVED
L.E.M. Construction LLC
Rutherford, 07070

Date of Notification (1) 5/1/26		Name of Building Owner/Operator (2) Link Renovations	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 425 Old Hook Rd		City, State, Zip Code Emerson NJ 07630	
Name of Contact John		Telephone Number 908-873-2007	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 425 Old Hook Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Emerson		Square Feet	# of Floors
County (6) Bergen		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) LEM CONSTRUCTION LLC
Street Address		Street Address 25 W ERIE AVE	
City, State, Zip Code		City, State, Zip Code RUTHERFORD NJ 07070	
Project Manager for Monitoring Firm		Telephone No. 201-500-9896	License No. 02004
Start Date (10) 5/11/26	Scheduled Completion Date (11) 5/18/26	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler LEM CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 02004	Cubic Yards of Waste TBD	Name of Registered Landfill TBD	
City, State TBD		Disposal Date TBD		City, State TBD	
Completed by Michael Urbizagastegui		Title Owner	Signature 		Date 5/1/26

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

100
CK

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

RECEIVED
 25 W Erie Ave
 Rutherford, NJ 07070

Date of Notification (1) 5/1/26		Name of Building Owner/Operator (2) Link Renovations	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 425 Old Hook Rd
	City, State, Zip Code Emerson NJ		Telephone Number 908-873-2007
	Name of Contact John		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Small Corner Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 425 Old hook Rd		Square Feet	# of Floors
City (5) Emerson		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) LEM CONSTRUCTION LLC
Street Address		Street Address 25 W ERIE AVE	
City, State, Zip Code		City, State, Zip Code RUTHERFORD NJ 07070	
Project Manager for Monitoring Firm		Telephone No. 201-500-9896	License No. 02004
Start Date (10) 5/11/26	Scheduled Completion Date (11) 5/18/26	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF				PERIMETER ROOF FLASHING	939 SF	X			


Name of Registered Waste Hauler LEM CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 02004	Cubic Yards of Waste TBD	Name of Registered Landfill TBD	
City, State TBD		Disposal Date TBD		City, State TBD	
Completed by Michael Urbizagastegui		Title Owner	Signature 		Date 5/1/26

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

ck 1126

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

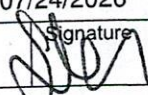
4363702
 RECEIVED

Date of Notification (1) 05/06/2026		Name of Building Owner/Operator (2) 345 Riverr LLC				MAY 11 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3822 River Road- Rear Building		ASBESTOS CONTROL & LICENSING							
			City, State, Zip Code Point Pleasant NJ 08742									
		Name of Contact		Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) None				Type of Facility (4)								
Street Address 345 River 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) Point Pleasant NJ 08742		Square Feet 2721	# of Floors 2	Bldg. Age 46 yrs								
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Prior Residential Use								
Name of Monitoring Firm Hired by Building Owner (8) WHITESTONE ASSOCIATES, INC.			ASCM No. _____	Name of Abatement Contractor (9) Lakewood Group, Corp.								
Street Address 30 Independence Blvd.			Street Address 238 boundary Road, Unit 402									
City, State, Zip Code Warren New Jersey 07059			City, State, Zip Code Marlboro NJ 07746									
Project Manager for Monitoring Firm Jerome Hassett		Telephone No. 267-496-7955		Telephone No. 732-982-1070		License No. 02104						
Start Date (10) 05/19/2026		Scheduled Completion Date (11) TBD		Name of OSHA Monitor WHITESTONE ASSOCIATES, INC.								
Occupancy Status During Abatement (Check Only One)				Street Address 1959 Highway 34 Building A, Suite 102								
<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>Not occupied</u>				City, State, Zip Code Wall, New Jersey 07719								
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"/> Asbestos Demolition Alternative Work Plan <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) <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				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>						Yes	No	N/A	Removal	Repair
Yes	No	N/A										
BSMT		X		VAT, Green, Tan, Speckled, Red		1,100 sf		X				
BSMT		X		Mastic -9" x 9" Vinyl Floor Tiles		1,100 sf		X				
Throughout First & Second Floors		X		Wall/Ceiling Plaster Scratch Coat		9,400 sf		X				
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste Approx. 300		Name of Registered Landfill Grand Central Sanctuary Landfill					
City, State Elizabeth, NJ			Disposal Date TBD		City, State Agryl, PA							
Completed by Michelle Frassetti			Title President		Signature 		Date 05/06/2026					

11105

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

RECEIVED

Date of Notification (1) 06/02/2026		Name of Building Owner/Operator (2) Cherry Hill Board of Education		JUN 5 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 45 Ranoldo Terrace		ENVIRONMENTAL CONTROL & LICENSING				
			City, State, Zip Code Cherry Hill, NJ 08034						
			Name of Contact Steve Nicolella	Telephone Number 856-489-5795					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James H. Johnson Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 500 Kresson Road			Square Feet 100,000	# of Floors 2	Bldg. Age 60				
City (5) Cherry Hill		County (6) Camden		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 003	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 N. Church Street			Street Address 623 Cutler Avenue						
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 06/22/2026		Scheduled Completion Date (11) 07/24/2026		Name of OSHA Monitor EMSL Analytical, 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: <u>Work areas to be isolated from building occupants</u>			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Office Areas		X		Floor Tile & Associated Mastic	2,500 SF	X			
Offices/Bathrooms		X		Pipe Elbows (Wrap & Cut)	25 LF	X			
Offices/Vestibule/Lobby Areas		X		Glue Dots Associated with Wallboards	39 SF	X			
Exterior Soffit Overhang		X		Exterior Soffit & Facia	500 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ				Disposal Date 07/24/2026	City, State Morgantown, PA				
Completed by Samantha Brown			Title Operations Coordinator		Signature 		Date 06/02/2026		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
Offices & Exterior Doors		X		Door Caulk	400 LF	X	

1203

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

ck# 1203

RECEIVED

JUN 4 2026

Date of Notification (1) 06 / 03 / 26		Name of Building Owner / Operator (2) D&R BELMAR URBAN RENEWAL LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 570 COMMERCE BLVD	
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code CARLSTADT, NJ 07072	
		Name of Contact CHRIS SQUEO	Telephone Number 845.558.7257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 910 RIVER ROAD			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 bldgs., homes, etc.)		
Street Address 910 RIVER ROAD			Square Feet N/A		
City (5) BELMAR	County (6) MONMOUTH	County Code (7)	# Of Floors N/A	Building Age N/A	
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO	Name of Abatement Contractor (9) Northstar Contracting Group, Inc.	
Street Address 655 West Shore Trail			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm JP von DOEHREN		Telephone Number 973-729-5649	Telephone Number 973-772-3660		
Sched. Start Date (10) 06 / 05 / 26		Sched. Completion Date (11) 06 / 19 / 26	License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30 PM MON-FRI			Name of OSHA Monitor Northstar Contracting Group, Inc.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>		TRANSITE DUCT BANK PIPE	210 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 NORTHSTAR CONTRACTING GROUP, INC	NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL
City, State EAST HANOVER, NJ 07936	Disposal Date	City, State MORRISVILLE, PA	
Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature 	Date 06/03/26

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

RECEIVED

Wolfe

JUN 1 2026

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) BASF CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 MIDDLESEX ESSEX TPKE	
		City, State, Zip Code ISLEIN NJ 08830	
		Name of Contact Felix J. Spittler	Telephone Number 614-593-6647

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - 3 STORY R&D BLDG		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 MIDDLESEX TPKE		Square Feet 50,000	# of Floors 3	Bldg. Age 60+
City (5) ISELIN	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____	Name of Abatement Contractor (9) PRISM Response	
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235		
Project Manager for Monitoring Firm John Lutz		Telephone No. 609.571.7522	Telephone No. 570-708-7776	License No. 01121
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026		Name of OSHA Monitor PRISM Response	
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 300 Penn Center Boulevard, Suite 701		
		City, State, Zip Code Pittsburgh, PA 15235		

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) <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 asbestos survey			X	See attached asbestos survey		X			
			X			X			
			X			X			
			X			X			

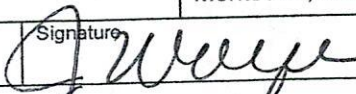
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Central New Jersey		Disposal Date		City, State Morrisville, Pennsylvania	
Completed by Jessica Wolfe		Title Administrative Support	Signature <i>J. Wolfe</i>		Date 05/26/2026

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

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JUN 1 2026

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) BASF CORPORATION								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 MIDDLESEX ESSEX TPKE								
		City, State, Zip Code ISLEIN NJ 08830								
		Name of Contact Felix J. Spittler	Telephone Number 614-593-6647							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - 1STORY R&D BLDG		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 MIDDLESEX TPKE		Square Feet 20,000	# of Floors 1							
City (5) ISELIN		Bldg. Age 50+								
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL								
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____	Name of Abatement Contractor (9) PRISM Response							
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City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235								
Project Manager for Monitoring Firm John Lutz		Telephone No. 609.571.7522	Telephone No. 570-708-7776							
		License No. 01121								
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor PRISM Response								
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		City, State, Zip Code Pittsburgh, PA 15235								
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
See attached asbestos survey			X	See attached asbestos survey		X				
			X			X				
			X			X				
			X			X				
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Central New Jersey			Disposal Date	City, State Morrisville, Pennsylvania						
Completed by Jessica Wolfe		Title Administrative Support	Signature 	Date 05/26/2026						

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

RECEIVED

NOCK

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) BASF CORPORATION		JUN 1 2026				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE		ASBESTOS CONTROL & LICENSING			
			City, State, Zip Code ISLEIN NJ 08830					
		Name of Contact Felix J. Spittler		Telephone Number 614-593-6647				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - CONNECTOR BLDG			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 MIDDLESEX TPKE			Square Feet 5,000	# of Floors 1	Bldg. Age 50+			
City (5) ISELIN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) COMMERCIAL				
County (6) MIDDLESEX		Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____				
		Name of Abatement Contractor (9) PRISM Response						
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701						
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235						
Project Manager for Monitoring Firm Johh Lutz		Telephone No. 609.571.7522		Telephone No. 570-708-7776	License No. 01121			
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 06/30/2026		Name of OSHA Monitor PRISM Response				
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 300 Penn Center Boulevard, Suite 701					
			City, State, Zip Code Pittsburgh, PA 15235					
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 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
See attached asbestos survey			X	See attached asbestos survey	X			
			X		X			
			X		X			
			X		X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill			
City, State Central New Jersey		Disposal Date		City, State Morrisville, Pennsylvania				
Completed by Jessica Wolfe		Title Administrative Support		Signature <i>J Wolfe</i>		Date 05/26/2026		

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

JUN 7 2026

NO

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) BASF CORPORATION					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 MIDDLESEX ESSEX TPKE ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code ISLEIN NJ 08830					
		Name of Contact Felix J. Spittler	Telephone Number 614-593-6647				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - HIGH HAZARD BLDG		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 MIDDLESEX TPKE		Square Feet 5,000	# of Floors 1				
City (5) ISELIN		Bldg. Age 50+					
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL					
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No.	Name of Abatement Contractor (9) PRISM Response				
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701					
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609.571.7522	Telephone No. 570-708-7776				
		License No. 01121					
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor PRISM Response					
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 300 Penn Center Boulevard, Suite 701					
		City, State, Zip Code Pittsburgh, PA 15235					
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 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)			Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
See attached asbestos survey			X	X			
			X	X			
			X	X			
			X	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill			
City, State Central New Jersey		Disposal Date		City, State Morrisville, Pennsylvania			
Completed by Jessica Wolfe		Title Administrative Support	Signature <i>J. Wolfe</i>	Date 05/26/2026			

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

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

RECEIVED

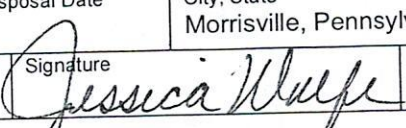
[Handwritten initials]

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) BASF CORPORATION		JUN 1 2026								
Agencies Notified		Type Notification		Street Address								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		25 MIDDLESEX ESSEX TPKE								
		City, State, Zip Code		ASBESTOS CONTROL & LICENSING								
		Name of Contact		Telephone Number								
		Felix J. Spittler		614-593-6647								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - ANNEX BLDG				Type of Facility (4)								
Street Address 25 MIDDLESEX TPKE				<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) ISELIN		Square Feet 20,000	# of Floors 1	Bldg. Age 60+								
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) COMMERCIAL								
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants			ASCM No.	Name of Abatement Contractor (9) PRISM Response								
Street Address 3 Terri Lane, Suite 4			Street Address 300 Penn Center Boulevard, Suite 701									
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code Pittsburgh, PA 15235									
Project Manager for Monitoring Firm John Lutz		Telephone No. 609.571.7522	Telephone No. 570-708-7776	License No. 01121								
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 06/30/2026		Name of OSHA Monitor PRISM Response								
Occupancy Status During Abatement (Check Only One)				Street Address 300 Penn Center Boulevard, Suite 701								
<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 Pittsburgh, PA 15235								
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 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 asbestos survey					See attached asbestos survey				X			
									X			
									X			
									X			
Name of Registered Waste Hauler Waste Management			NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill							
City, State Central New Jersey			Disposal Date		City, State Morrisville, Pennsylvania							
Completed by Jessica Wolfe			Title Administrative Support		Signature <i>J. Wolfe</i>		Date 05/26/2026					

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

APR 16 2026

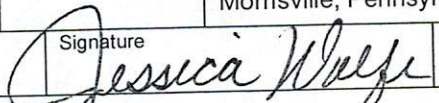
Date of Notification (1) 4/15/2026		Name of Building Owner/Operator (2) BASF CORPORATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE						
			City, State, Zip Code ISLEIN NJ 08830						
			Name of Contact Felix J. Spittler		Telephone Number 614-593-6647				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - HIGH HAZARD BLDG				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 MIDDLESEX TPKE				Square Feet 5,000	# of Floors 1				
City (5) ISELIN	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL	Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____	Name of Abatement Contractor (9) PRISM Response						
Street Address 3 Terri Lane, Suite 4		City, State, Zip Code Burlington, NJ 08016	Street Address 300 Penn Center Boulevard, Suite 701						
Project Manager for Monitoring Firm Felix Spittler		Telephone No. 614-593-6647	Telephone No. 570-708-7776	License No. 01121					
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026		Name of OSHA Monitor PRISM Response						
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			City, State, Zip Code Pittsburgh, PA 15235						
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							
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached asbestos survey			X	See attached asbestos survey		X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Central New Jersey			Disposal Date	City, State Morrisville, Pennsylvania					
Completed by Jessica Wolfe		Title Administrative Support	Signature 		Date 4/15/2026				

High Hazzard Building		
ACM	Location/Description	Quantity
Lab Bench	In Maintenance Storage Room 100	40 SF

Annex Headquarters Building		
ACM	Location/Description	Quantity
Waterproofing Tar	On Interior Cement Block Wall Throughout Building On Vertical Structural Steel Columns	1,000 LF x 8" 25 Columns x 25 SF Each (Includes Front Exterior Lally Columns)

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

APR 16 2026

Date of Notification (1) 4/15/2026		Name of Building Owner/Operator (2) BASF CORPORATION								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE							
	City, State, Zip Code ISLEIN NJ 08830		Name of Contact Felix J. Spittler							
		Telephone Number 614-593-6647								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - CONNECTOR BLDG		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 MIDDLESEX TPKE		Square Feet 5,000	# of Floors 1							
City (5) ISELIN		Bldg. Age 50+								
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____	Name of Abatement Contractor (9) PRISM Response							
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701								
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235								
Project Manager for Monitoring Firm Felix Spittler		Telephone No. 614-593-6647	Telephone No. 570-708-7776							
		License No. 01121								
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026		Name of OSHA Monitor PRISM Response							
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 300 Penn Center Boulevard, Suite 701							
			City, State, Zip Code Pittsburgh, PA 15235							
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							
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
See attached asbestos survey			X	See attached asbestos survey		X				
			X			X				
			X			X				
			X			X				
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Central New Jersey			Disposal Date	City, State Morrisville, Pennsylvania						
Completed by Jessica Wolfe		Title Administrative Support	Signature 				Date 4/15/2026			

1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Hallways, Labs, & Offices	7,800 SF
Mastic Associated w/ Red/Light Red Floor Tile	Lab Rooms 31, 47A, 48	125 SF
Cementitious Pipe Fitting Insulation	Throughout Labs, Pilot Plant, Hallway & Basement 03	Fittings: 62 Basement: 250 Fittings on FIG Lines Roof Drains: (10)
Thermal System Pipe Insulation	Throughout Offices, Pilot Plant, Hallway & Basement 03	400 LF Basement: 650 LF w/Fittings
Lab Bench/Tables/Drying Racks	Throughout Labs	200 SF
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1,400 SF
Window/Metal Window Panel Glazing	Pilot Plant	202 Panels (4'x6')

Window Caulk	Between Exterior Window Frames and Brickwork	200 LF x 1"
Door Caulk	Between Exterior Door Frames and Brickwork	80 LF x 1"
Roof Perimeter Flashing	On Old Section Of Built Up Roof	450 SF (300 x 1½')
Interior Flashing	On Roof Fan and HVAC Unit Bases	300 SF
Tar Sealant	On Tops of Roof HYAC Units and Circular Duct Work	75 SF

Connector Building		
ACM	Location/Description	Quantity
Floor Mastic Associated w/ 1'x1' Red/Light Red Speckled Floor Tile	Room44A	160 SF
Cementitious Pipe Fitting Insulation	Room 44A, Hallway. Mechanical Room & Weld Shop	Fittings: 35

3526

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

RECEIVED

Date of Notification (1) 4/15/2026		Name of Building Owner/Operator (2) BASF CORPORATION		APR 16 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE		City, State, Zip Code ISLEIN NJ 08830				
			Name of Contact Felix J. Spittler		Telephone Number 614-593-6647				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - ANNEX BLDG			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 MIDDLESEX TPKE			Square Feet 20,000	# of Floors 1	Bldg. Age 60+				
City (5) ISELIN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) COMMERCIAL					
County (6) MIDDLESEX		Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____					
		Name of Abatement Contractor (9) PRISM Response							
Street Address 3 Terri Lane, Suite 4			Street Address 300 Penn Center Boulevard, Suite 701						
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code Pittsburgh, PA 15235						
Project Manager for Monitoring Firm Felix Spittler		Telephone No. 614-593-6647		Telephone No. 570-708-7776	License No. 01121				
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 06/30/2026		Name of OSHA Monitor PRISM Response					
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 300 Penn Center Boulevard, Suite 701						
			City, State, Zip Code Pittsburgh, PA 15235						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached asbestos survey			X	See attached asbestos survey		X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste		Name of Registered Landfill Fairless Landfill			
City, State Central New Jersey				Disposal Date		City, State Morrisville, Pennsylvania			
Completed by Jessica Wolfe		Title Administrative Support		Signature <i>Jessica Wolfe</i>		Date 4/15/2026			

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

High Hazzard Building		
ACM	Location/Description	Quantity
Lab Bench	In Maintenance Storage Room 100	40 SF

Annex Headquarters Building		
ACM	Location/Description	Quantity
Waterproofing Tar	On Interior Cement Block Wall Throughout Building On Vertical Structural Steel Columns	1,000 LF x 8" 25 Columns x 25 SF Each (Includes Front Exterior Lally Columns)

3526

3938184

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

Date of Notification (1) 4/15/2026		Name of Building Owner/Operator (2) BASF CORPORATION		APR 16 2026
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 MIDDLESEX ESSEX TPKE	
			City, State, Zip Code ISLEIN NJ 08830	
			Name of Contact Felix J. Spittler	Telephone Number 614-593-6647

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - 3 STORY R&D BLDG		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 MIDDLESEX TPKE		Square Feet # of Floors Bldg. Age 50,000 3 60+
City (5) ISELIN	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____	Name of Abatement Contractor (9) PRISM Response	
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235		
Project Manager for Monitoring Firm Felix Spittler		Telephone No. 614-593-6647	Telephone No. 570-708-7776	License No. 01121

Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor PRISM Response	
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 300 Penn Center Boulevard, Suite 701	
		City, State, Zip Code Pittsburgh, PA 15235	

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

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

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Central New Jersey		Disposal Date		City, State Morrisville, Pennsylvania	
Completed by Jessica Wolfe		Title Administrative Support		Signature 	Date 4/15/2026

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

Summary of Asbestos Materials

3 Story R&D Building		
ACM	Location/Description	Quantity
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic)	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 7,000 SF 2 nd Floor: 17,900 SF 3 rd Floor: 10,100 SF Penthouse: NA
1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 2,800 SF 2 nd Floor: 1,700 SF 3 rd Floor: 1,500 SF Penthouse: NA
Mastic Associated w/ 1'x1' Cream & Tan Chip Floor Tile	Throughout Hallway	1 st Floor: 2,000 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA
Mastic Associated w/ 1'x1' Beige w/ White & Dark Brown Smudge Floor Tile	Throughout South Exit Hallway	1 st Floor: 600 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA
3 Story R&D Building		
ACM	Location/Description	Quantity
Cementitious Pipe Fitting Insulation	Throughout Labs, Offices, Hallway & Utility Closets	1 st Floor: 265 Fittings 2 nd Floor: 200 Fittings 3 rd Floor: 12 Fittings Penthouse: 50 Fittings
Lab Bench/Tables/Drying Racks	Throughout Labs	1 st Floor: 1,300SF 2 nd Floor: 3,500 SF 3 rd Floor: 2,300 SF Penthouse: 10 SF
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1 st Floor: 1,380SF 2 nd Floor: 1,500 SF 3 rd Floor: 2,700 SF Penthouse: NA
Tar Floor Penetration Berms	Throughout Floor	Penthouse: 30 SF
Single Story R&D Building		
ACM	Location/Description	Quantity
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic)	Throughout Hallways (Border)	350 SF
1'x1' Floor Tile Red/Dark Red & White Speckled and Associated Mastic	Lab Room 30 and Hallway	60 SF

3526

3938184

Print Form

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

APR 16 2026

Date of Notification (1) 4/17/2026 - 4/15/26		Name of Building Owner/Operator (2) BASF CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 MIDDLESEX ESSEX TPKE	
		City, State, Zip Code ISLEIN NJ 08830	
		Name of Contact Felix J. Spittler	Telephone Number 614-593-6647

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - 1STORY R&D BLDG		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 MIDDLESEX TPKE		Square Feet 20,000	# of Floors 1
City (5) ISELIN		Bldg. Age 50+	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No.	Name of Abatement Contractor (9) PRISM Response
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235	
Project Manager for Monitoring Firm Felix Spittler		Telephone No. 614-593-6647	Telephone No. 570-708-7776
			License No. 01121
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor PRISM Response	
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 300 Penn Center Boulevard, Suite 701	
		City, State, Zip Code Pittsburgh, PA 15235	

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
See attached asbestos survey			X	See attached asbestos survey		X			
			X			X			
			X			X			
			X			X			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Central New Jersey		Disposal Date	City, State Morrisville, Pennsylvania		
Completed by Jessica Wolfe	Title Administrative Support	Signature <i>Jessica Wolfe</i>		Date 4/15/2026	

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

Summary of Asbestos Materials

3 Story R&D Building		
ACM	Location/Description	Quantity
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic)	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 7,000 SF 2 nd Floor: 17,900 SF 3 rd Floor: 10,100 SF Penthouse: NA
1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 2,800 SF 2 nd Floor: 1,700 SF 3 rd Floor: 1,500 SF Penthouse: NA
Mastic Associated w/ 1'x1' Cream & Tan Chip Floor Tile	Throughout Hallway	1 st Floor: 2,000 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA
Mastic Associated w/ 1'x1' Beige w/ White & Dark Brown Smudge Floor Tile	Throughout South Exit Hallway	1 st Floor: 600 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA

3 Story R&D Building

ACM	Location/Description	Quantity
Cementitious Pipe Fitting Insulation	Throughout Labs, Offices, Hallway & Utility Closets	1 st Floor: 265 Fittings 2 nd Floor: 200 Fittings 3 rd Floor: 12 Fittings Penthouse: 50 Fittings
Lab Bench/Tables/Drying Racks	Throughout Labs	1 st Floor: 1,300SF 2 nd Floor: 3,500 SF 3 rd Floor: 2,300 SF Penthouse: 10 SF
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1 st Floor: 1,380SF 2 nd Floor: 1,500 SF 3 rd Floor: 2,700 SF Penthouse: NA
Tar Floor Penetration Berms	Throughout Floor	Penthouse: 30 SF

Single Story R&D Building

ACM	Location/Description	Quantity
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic)	Throughout Hallways (Border)	350 SF
1'x1' Floor Tile Red/Dark Red & White Speckled and Associated Mastic	Lab Room 30 and Hallway	60 SF

4

1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Hallways, Labs, & Offices	7,800 SF
Mastic Associated w/ Red/Light Red Floor Tile	Lab Rooms 31, 47A, 48	125 SF
Cementitious Pipe Fitting Insulation	Throughout Labs, Pilot Plant, Hallway & Basement 03	Fittings: 62 Basement: 250 Fittings on F/G Lines Roof Drains: (10)
Thermal System Pipe Insulation	Throughout Offices, Pilot Plant, Hallway & Basement 03	400 LF Basement: 650 LF w/Fittings
Lab Bench/Tables/Drying Racks	Throughout Labs	200 SF
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1,400 SF
Window/Metal Window Panel Glazing	Pilot Plant	202 Panels (4'x6')

Window Caulk	Between Exterior Window Frames and Brickwork	200 LF x 1"
Door Caulk	Between Exterior Door Frames and Brickwork	80 LF x 1"
Roof Perimeter Flashing	On Old Section Of Built Up Roof	450 SF (300 x 1½')
Interior Flashing	On Roof Fan and HVAC Unit Bases	300 SF
Tar Sealant	On Tops of Roof HYAC Units and Circular Duct Work	75 SF

Connector Building		
ACM	Location/Description	Quantity
Floor Mastic Associated w/ 1'x1' Red/Light Red Speckled Floor Tile	Room44A	160 SF
Cementitious Pipe Fitting Insulation	Room 44A, Hallway. Mechanical Room & Weld Shop	Fittings: 35

4037

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

APR 20 2026

Date of Notification (1) April 17, 2026		Name of Building Owner/Operator (2) NJ DPMC								
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 33 W State Street, 5th Floor							
			City, State, Zip Code Trenton, NJ 08608							
		Name of Contact David Trinidad	Telephone Number 973-872-9663							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) NJDOT Rockaway Maintenance Yard		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 200 State Route 15 South		Square Feet	# of Floors							
City (5) Wharton		Bldg. Age								
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Osioy Inc							
Street Address		Street Address 292 Main Street, #261								
City, State, Zip Code		City, State, Zip Code Harleysville, PA 19438								
Project Manager for Monitoring Firm		Telephone No. 610-400-8711	License No. 01373							
Start Date (10) April 29, 2026	Scheduled Completion Date (11) May 1, 2026	Name of OSHA Monitor Schneider Laboratories Global 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: area vacated during entire period of abatement		Street Address 2512 West Cary Street								
		City, State, Zip Code Richmond, VA 23220								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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 1 (locker room)		X		Pipe Insulation	3LF	X				
Name of Registered Waste Hauler Osioy Inc		NJDEP Waste Hauler ID No. 38246	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Harleysville, PA		Disposal Date		City, State Morrisville, PA						
Completed by Carol Bradford		Title President	Signature <i>Carol Bradford</i>				Date April 17, 2026			

BOOK

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

8/6/2026

RECEIVED

Date of Notification (1) 6 / 2 /2026		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified		Street Address 1 VERIZON WAY	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact CHARLES MESSING	
		Telephone Number 917-992-1356	

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 (ie. private & commcl. bldgs., homes, etc.)	

Street Address 10 PHILLIPS DRIVE	Square Feet 13,122	# of Floors 1	Bldg. Age 65+
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City (5) OLD BRIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING
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Name of Monitoring Firm Hired by Building Owner (8) RBS ENVIRONMENTAL	ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
--	----------------	---

Street Address 24 VETERANS SQUARE	Street Address 313 SPOOK ROCK ROAD
--------------------------------------	---------------------------------------

City, State, Zip Code MEDIA, PA 19063	City, State, Zip Code SUFFERN, NEW YORK 10901
--	--

Project Manager for Monitoring Firm MIKE STOCKU	Telephone Number 609-304-3969	Telephone Number 845-369-7500	License Number 1101
--	----------------------------------	----------------------------------	------------------------

Expected State Date (10) 5 / 6 /26 Month Day Year	Sched. Completion Date (11) 6 / 2 /26 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
---	--	---

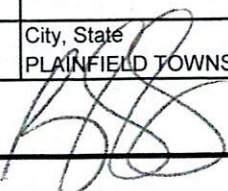
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 4PM - 12AM	Street Address 1376 ROUTE 9
	City, State, Zip Code WAPPINGERS FALL, NEW YORK 12590

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND FLOOR-FRAME AREA			x	FLOOR TILES/MASTIC	1,300 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY
---	----------------------------------	----------------------------	---

City, State NEWARK, NEW JERSEY	Disposal Date 5/6-08/30/2026	City, State PLAINFIELD TOWNSHIP, PA
-----------------------------------	---------------------------------	--

Completed by (Print or Type) BENJAMIN SANCHEZ	Title VICE PRESIDENT, OPERATIONS	Signature 	Date 6/2/26
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4 / 21 / 2026		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified		Street Address 1 VERIZON WAY	
Type Notification		City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact CHARLES MESSING	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number 917-992-1356	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

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 (ie. private & commcl. bldgs., homes, etc.)

Street Address 10 PHILLIPS DRIVE		Square Feet 13,122	# of Floors 1	Bldg. Age 65+
City (5) OLD BRIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING

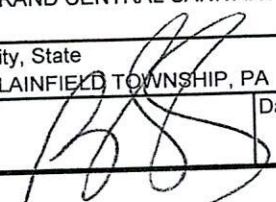
Name of Monitoring Firm Hired by Building Owner (8) RBS ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 24 VETERANS SQUARE		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MEDIA, PA 19063		City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm MIKE STOCKU		Telephone Number 609-304-3969	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 5 / 6 / 26		Sched. Completion Date (11) 8 / 30 / 26		Name of OSHA Monitor QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGERS FALL, NEW YORK 12590	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:			
<input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 4PM - 12AM			

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND FLOOR-FRAME AREA			x	FLOOR TILES/MASTIC	1,300 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY	
City, State NEWARK, NEW JERSEY		Disposal Date 5/6-08/30/2026		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title VICE PRESIDENT, OPERATIONS	Signature 		Date 9-21-26

53563/1074

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

RECEIVED

Date of Notification (1) 06/01/2026		Name of Building Owner/Operator (2) Piscataway Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 1515 Stelton Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Robert Uhrin Telephone Number (732) 572-2289 ext. 2611					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fellowship Farms School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1515 Stelton Road			Square Feet 42,500	# of Floors 1	Bldg. Age 1928				
City (5) Piscataway		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Educational					
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		Name of Abatement Contractor (9) Spes Contracting LLC					
Street Address 120 North Warren Street		ASCN No. 30		Street Address 59 Beaverbrook Rd. Ste 302 E					
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lincoln Park, NJ, 07035		Telephone No. (973) 807 6330 License No. 01383					
Project Manager for Monitoring Firm Mike Moore		Telephone No. (609) 392-4200		Telephone No. (973) 807 6330 License No. 01383					
Start Date (10) 06/15/2026		Scheduled Completion Date (11) 06/26/2026		Name of OSHA Monitor Spes Contracting LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work Area Facility Non Occupied</u>			Street Address 59 Beaverbrook Rd. Ste 302 E City, State, Zip Code Lincoln Park, NJ, 07035						
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 O&M Wrap & Cut <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 Hallway across from Nurses Office		X		Pipe & Fitting Insulation	25 LF	X			
Crawlspace		X		Pipe & Fitting Insulation	200 LF	X			
Basement Hallway across from Boiler Rm.		X		Pipe & Fitting Insulation	20 LF	X			
Basement Classroom adjacent to Nurses Office		X		Pipe & Fitting Insulation	30 LF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075		Cubic Yards of Waste 10CY	Name of Registered Landfill Tri State Transfer & Associates				
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Branislav Pavlov		Title General Manager		Signature 		Date 06/03/2026			

25155573882

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

RECEIVED

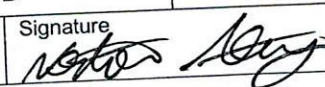
Date of Notification (1) 06/01/2026		Name of Building Owner/Operator (2) JUN 5 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 Arrowhead Road <small>ASBESTOS CONTROL & LICENSING</small> City, State, Zip Code Morristown, New Jersey 07960 Name of Contact _____ Telephone Number _____							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 22 Arrowhead Road		Square Feet 2,592 SF	# of Floors 2							
City (5) Morristown		Bldg. Age 1953								
County (6) Morris County		County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) True Star Contracting							
Street Address		Street Address 54 Hedden Terrace								
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031								
Project Manager for Monitoring Firm		Telephone No. (201) 790-4530	License No. 02047							
Start Date (10) 06/11/2026	Scheduled Completion Date (11) 06/16/2026		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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 Ducts			X	Thermal Systems Insulation	150 LF	X				
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 10 CY	Name of Registered Landfill Keystone Sanitary Landfill						
City, State North Arlington, New Jersey		Disposal Date TBD		City, State Dunmore, PA						
Completed by Nestor M. Alvez		Title Project Manager		Signature <i>Nestor Alvez</i>			Date 06/01/2026			

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

55155973875

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

RECEIVED

Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2) JUN 5 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 21 Gill Avenue		ASBESTOS CONTROL & LICENSING					
			City, State, Zip Code Rockaway, New Jersey 07866							
			Name of Contact _____			Telephone Number _____				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 21 Gill Avenue			Square Feet 1,525 SF	# of Floors 1	Bldg. Age 1950					
City (5) Rockaway			Current Use (Prior if being demolished) Commercial Building							
County (6) Morris County		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) True Star Contracting						
Street Address		54 Hedden Terrace								
City, State, Zip Code		North Arlington, New Jersey 07031								
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (201) 790-4530						
				License No. 02047						
Start Date (10) 06/14/2026		Scheduled Completion Date (11) 06/18/2026		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	
Top Roof			X	Asbestos Roof	1,040 SF	X				
Bottom Roof			X	Asbestos Roof	670 SF	X				
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 12 CY		Name of Registered Landfill Chrin Hauling Inc				
City, State North Arlington, New Jersey		Disposal Date TBD		City, State Easton, PA						
Completed by Nestor M. Alvez		Title Project Manager		Signature 		Date 06/04/2026				

55155573899

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

RECEIVED

Date of Notification (1) 06/02/2026		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 396 Belleville Avenue	
		City, State, Zip Code Belleville, New Jersey 07109	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 396 Belleville Avenue		Square Feet 1,433 SF	# of Floors 2
City (5) Belleville		Bldg. Age 1956	
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting
Street Address		Street Address 54 Hedden Terrace	
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (201) 790-4530	License No. 02047
Start Date (10) 06/13/2026	Scheduled Completion Date (11) 06/16/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Kitchen			X	Asbestos VAT	144 SF	X			
2nd Floor Bedroom			X	Asbestos VAT	198 SF	X			

Name of Registered Waste Hauler True Star Contracting	NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 1	Name of Registered Landfill Chrin Brothers Landfill
City, State North Arlington, New Jersey	Disposal Date TBD	City, State Easton, PA	
Completed by Nestor M. Alvez	Title Project Manager	Signature 	Date 06/02/2026

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

6422
CK# 6422

RECEIVED

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

JUN 8 2026

Date of Notification (1) 5-30-26		Name of Building Owner/Operator (2) MITCHELL NICHOLS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 23 KING ST	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code RIO GRANDE N.J. 08242	
		Name of Contact: SAME	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 229 E GARFIELD AVE		Square Feet: 1500	Bldg Age 50+
City (5) WILDWOOD		Current Use (Prior if being demolished) VACANT	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No	Name of Abatement Contractor (9) KLEMCO INC	
Street Address		Street Address 369 S SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J.	
Project Manager for Monitoring Firm	Telephone No	Telephone No 856 779-0472	License No 01371
Start Date (10) 6-9-26	Scheduled Completion Date (11) 6-19-26		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement! <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor W/A	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Enable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 2500 SF
			Abatement Type Removal Repair Encapsulate Enclosure X
Name of Registered Waste Hauler KLEMCO INC	NJDEP Waste Hauler ID No. 12904	Cubic Yards of Waste 3 yds	Name of Registered Landfill C.M.C.M.U.A
City, State MAPLE SHADE N.J.	Disposal Date	City, State WOODBINE N.J.	
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>Michael Klemm</i>	Date 5-30-26

5944

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

RECEIVED

Date of Notification (1) 06/02/2026		Name of Building Owner/Operator (2) Ramapo Indian HS District								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 131 Yawpo Ave								
		City, State, Zip Code Oakland, Nj 07436								
		Name of Contact Mario Cofini	Telephone Number 201-416-8100							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Ramapo Hills School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 331 George Street		Square Feet	# of Floors							
City (5) Franklin Lakes,		Bldg. Age								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC							
Street Address 275 Rt 10 East		Street Address 72 Brookside rd								
City, State, Zip Code Succasunna		City, State, Zip Code Randolph NJ								
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061	Telephone No. 973-933-2550							
		License No. 01358								
Start Date (10) 06/12/2026	Scheduled Completion Date (11) 06/13/2026	Name of OSHA Monitor Nick Restotation LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 72 Brookside rd								
		City, State, Zip Code Randolph, NJ								
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	
Room # 401				pipe insulation wrap & cut	32 LF					
Name of Registered Waste Hauler Century		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste tbd	Name of Registered Landfill GROWS						
City, State Elizabeth		Disposal Date TBD		City, State Tullytown						
Completed by Nikica Mrda		Title President	Signature Nikica Mrda				Date 06/02/2026			

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

1084

4363874

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

RECEIVED

MAY 22 2026

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) MAY 22 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 152 & 156 Clinton Street						
			City, State, Zip Code Somerset, NJ 08873						
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 152 & 156 Clinton Street				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) Somerset		Square Feet 1,700	# of Floors 3	Bldg. Age 58					
County (6) Somerset		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341			Street Address 623 Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 05/26/2026		Scheduled Completion Date (11) 06/05/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Popcorn Ceiling	1,700 SF	X			
Dining Room			X	Floor Tile	160 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ				Disposal Date 06/05/2026	City, State Morgantown, PA				
Completed by Shannon Thomson			Title Operations Manager	Signature <i>Shannon Thomson</i>		Date 05/15/2026			

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

NOCK

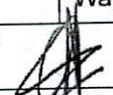
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)
 PAL Job# 26-8137

RECEIVED

Date of Notification (1) 05/22/2026		Name of Building Owner/Operator (2) Atlantic Health System		JUN 12 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Madison Avenue		ASBESTOS CONTROL & LICENSING
			City, State, Zip Code Morristown, NJ 07960		
		Name of Contact Karen Martinez		Telephone Number 862-260-5971	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Morristown Medical Center - Anderson Buildings			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 100 Madison Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Morristown, NJ 07960			Current Use (Prior if being demolished)		
County (6) Morris		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8) Colliers Engineering		ASCM No. _____	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro		
Street Address 400 Valley Road, Suite 304			Street Address 11-02 Queens Plaza South		
City, State, Zip Code Mt. Arlington, NJ 07856			City, State, Zip Code Long Island City, NY 11101		
Project Manager for Monitoring Firm John Fortunato		Telephone No. 732-710-1142	Telephone No. 718-349-0900	License No. 00853	
Start Date (10) 06/01/2026	Scheduled Completion Date (11) 09/01/2026		Name of OSHA Monitor Timothy Barrett		
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 398 Bunker Drive		
			City, State, Zip Code Oceanside, NY 11572		
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
See attached quantity sheet					Removal Repair Encapsulate Enclosure
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY 11967		Disposal Date 06/05/2026	City, State Waynesburg, OH 44688		
Completed by Ann A. Ali		Title Compliance Admin	Signature _____		Date 05/22/2026

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

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL Job# 26-8137**

Date of Notification (1) 05/19/2026		Name of Building Owner/Operator (2) Atlantic Health System							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Madison Avenue City, State, Zip Code Morrison, NJ 07960 Name of Contact Karen Martinez Telephone Number 862-260-5971						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Morristown Medical Center - Anderson Buildings Street Address 100 Madison Avenue City (5) Morrison, NJ 07960 County (6) Morrison		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Colliers Engineering		ASCM No. _____	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro						
Street Address 400 Valley Road, Suite 304 City, State, Zip Code Mt. Arlington, NJ 07856		Street Address 11-02 Queens Plaza South City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm John Fortunato		Telephone No. 732-710-1142	Telephone No. 718-349-0900 License No. 00853						
Start Date (10) 06/01/2026	Scheduled Completion Date (11) 09/01/2026		Name of OSHA Monitor Timothy Barrett						
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 398 Bunker Drive City, State, Zip Code Oceanside, NY 11572							
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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A	Removal	Repair			Encapsulate	Enclosure		
See attached quantity sheet									
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 06/05/2026		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin		Signature 	Date 05/19/2026				

FLOOR	WORK AREA	TYPE OF ACM	QUANTITY SF	QUANTITY LF
1st	WA3	Floor Tile & Mastic	100	
1st	WA1	Floor Mastic	140	
1st & 2nd	WA1	Ceramic Grout Tile	130	
1st & 2nd	WA1	Ceramic Tile Adhesive	350	
1st - 3rd	WA 1 & 4	Pipe Insulation		900
1st - 3rd	WA 1 & 4	Pipe Insulation Fittings		200
1st - 3rd - Exterior	WA 5	Vapor Barriers	20,000	
1st - 3rd - Exterior	WA 5	Window Caulk	3,700	
1st, 2nd & 3rd	WA 1, 2, 3 & 4	Cove Base Mastic	1,200	
1st, 2nd & 3rd - Exterior	WA 5	Building Seam Caulk		60
1st, 2nd & 3rd - Exterior	WA 5	Waterproofing	5,000	
2nd & 3rd	WA1	Door Windowpane Caulk		24
2nd & 3rd	WA1	Cementitious Material	100	
3rd Floor - Exterior	WA 5	Entry Vestibule Pane Caulk		1,400
3rd Floor - Exterior	WA 5	Door Caulk		100
Roof - Exterior	WA 5	Roof Flashing	900	

WORK AREA 1, 2 & 3 - 2ND & 3RD FLOOR
WORK AREA 4 - 1ST FLOOR
WORK AREA 5 - EXTERIOR

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)
 PAL Job# 26-8137

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Book

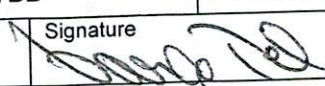
JUN 12 2026

Date of Notification (1) 06/10/2026		Name of Building Owner/Operator (2) Atlantic Health System					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Madison Avenue					
		City, State, Zip Code Morristown, NJ 07960					
		Name of Contact Richard Trent	Telephone Number 862-362-6646				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Morristown Medical Center - Anderson Buildings		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 100 Madison Avenue		Square Feet	# of Floors				
City (5) Morristown, NJ 07960		Bldg. Age					
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Environ				
Street Address P.O. Box 869		Street Address 11-02 Queens Plaza South					
City, State, Zip Code Levittown, PA 19068		City, State, Zip Code Long Island City, NY 11101					
Project Manager for Monitoring Firm Richard Beach		Telephone No. 267-991-9212	Telephone No. 718-349-0900				
Start Date (10) 06/01/2026		Scheduled Completion Date (11) 09/01/2026	License No. 00853				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Timothy Barrett					
		Street Address 398 Bunker Drive					
		City, State, Zip Code Oceanside, NY 11572					
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
See attached quantity sheet							
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Grand Century Sanitary Landfill, Inc.			
City, State Elizabeth, NJ 07201		Disposal Date 06/15/2026		City, State Pen Argyle, PA 18072			
Completed by Ann A. Ali		Title Compliance Admin	Signature 	Date 06/10/2026			

5437

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

RECEIVED

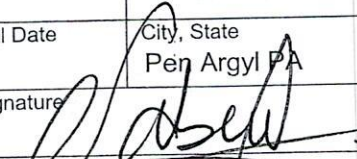
Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2) Institute of Music for Children		JUN 9 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 780 Salem Avenue		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Elizabeth, NJ 07208						
			Name of Contact Ross Richards			Telephone Number (201) 410-1314			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Institute of Music for Children			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 780 Salem Avenue			Square Feet 12,660 SF	# of Floors 3	Bldg. Age 74				
City (5) Elizabeth			Current Use (Prior if being demolished) Music School						
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services LLC		ASCM No. 00120	Name of Abatement Contractor (9) United Safety LLC						
Street Address 280 Huyler Street			Street Address 101 Alexander Ave Unit 4						
City, State, Zip Code S. Hackensack, NJ			City, State, Zip Code Pompton Plains, NJ 07444						
Project Manager for Monitoring Firm Rey Montes de Oca		Telephone No. 201-489-8700x140	Telephone No. 973-276-0099	License No. 01317					
Start Date (10) 5/26/26		Scheduled Completion Date (11) 6/19/26		Name of OSHA Monitor United Safety 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 101 Alexander Ave Unit 4						
			City, State, Zip Code Pompton Plains, NJ 07444						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Classroom 304		X		Carpet Glue	1,160 SF	X			
Classroom 204		X		VAT/Mastic	532 SF	X			
MER	X			TSI	710 LF	X			
Corridor/Narthrex Sanctuary		X		VAT/Mastic	650 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill				
City, State Elizabeth, NJ				Disposal Date TBD	City, State Penn Argyl, PA				
Completed by Vanco Petkov			Title Project Manager		Signature 		Date 6/04/26		

7438

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

Check # 7438

RECEIVED

Date of Notification (1) 6/5/2026		Name of Building Owner/Operator (2) JUN 9 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 541 Hilltop Terrace City, State, Zip Code Cliffside Park NJ 07010							
		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 541 Hilltop Terrace		Square Feet 2300	# of Floors 2						
City (5) Cliffside Park		Bldg. Age 60							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) TBD		Name of Abatement Contractor (9) Sky Contracting LLC							
Street Address TBD		Street Address 1385 Valley rd suite K							
City, State, Zip Code TBD		City, State, Zip Code Wayne NJ 07470							
Project Manager for Monitoring Firm _____		Telephone No. (973) 928-5300							
Start Date (10) 6/15/2026		License No. 00874							
Scheduled Completion Date (11) 6/16/2026		Name of OSHA Monitor Sky 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 1385 Valley rd Suite k							
City, State, Zip Code Wayne NJ 07470		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 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			X	9"x9" Floor Tile	250	X			
Basement			X	Mastic	250	X			
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Landfill			
City, State Elizabeth NJ		Disposal Date TBD		City, State Pen Argyl PA					
Completed by Sabinne Worth		Title Office Manager		Signature 		Date 6/5/2026			

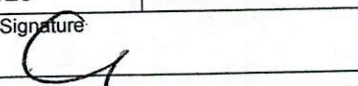
* Do not use this form for asbestos licensure exempted activities.

10575

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

RECEIVED

JUN 8 2026

Date of Notification (1) 6/4/26		Name of Building Owner/Operator (2) Lenape Regional High School District								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 93 Willow Grove Road ASBESTOS CONTROL & LICENSING								
		City, State, Zip Code Shamong NJ 08088								
		Name of Contact Michael Jacobs	Telephone Number 609-268-2000							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Shawnee High School		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 600 Tabernacle Rd		Square Feet 1000+	# of Floors 2							
City (5) Medford NJ 08055		Bldg. Age 50+								
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 167		Street Address PO Box 329								
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	Telephone No. 856-753-9800							
			License No. 00727							
Start Date (10) 6/19/26	Scheduled Completion Date (11) 6/26/26		Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address							
			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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	
Rms B100 B101, B101A B102 B104			x	Floor Tile & Mastic	3870 SF	x				
Rms B100, B101, B102, B104			x	Transite Panels	160 SF	x				
Rms B100, B101, B102, B104			x	Wall Board Mastic	300 SF	x				
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills						
City, State Berlin NJ		Disposal Date 6/26/26		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 				Date 6/4/26		

10573

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

RECEIVED

Date of Notification (1) 6/4/26		Name of Building Owner/Operator (2) Lenape Regional High School District		JUN 8 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 93 Willow Grove Road					
		City, State, Zip Code Shamong NJ 08088		ASBESTOS CONTROL & LICENSING					
		Name of Contact Michael Jacobs		Telephone Number 609-268-2000					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shawnee High School			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 600 Tabernacle Rd									
City (5) Medford NJ 08055			Square Feet 1000+	# of Floors 2	Bldg. Age 50+				
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address PO Box 167				Street Address PO Box 329					
City, State, Zip Code Hammonton NJ 08037				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 6/19/26		Scheduled Completion Date (11) 6/26/26		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear of School			x	Chimney & Patch Caulk	47 LF	x			
Garage Door Front of Building			x	Caulk	60 LF	x			
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Hills				
City, State Berlin NJ				Disposal Date 6/26/26	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 		Date 6/4/26			

10574

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

RECEIVED

Print Form

Date of Notification (1) 6/4/26		Name of Building Owner/Operator (2) Lenape Regional High School District JUN 8 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 93 Willow Grove Road	
		City, State, Zip Code Shamong NJ 08088	
		Name of Contact Michael Jacobs	Telephone Number 609-268-2000

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Cherokee High School		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 120 Tomlinson Mill Rd		Square Feet 1000+
City (5) Marlton NJ 08053		# of Floors 2
County (6) Burlington		Bldg. Age 50+
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)

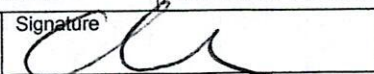
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address PO Box 167		Street Address PO Box 329		
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 6/19/26	Scheduled Completion Date (11) 6/26/26	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input 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
Rms, CI, C101,C102 C103,C126			x	Floor Tile & Mastic	3405 SF	x			
Rms ,CI, C101,C102 C103,C126			x	Transite Panels	120 SF	x			
Rms, CI, C101,C102 C103,C126			x	Wall Board Mastic	300 SF	x			
All one work Area									

Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills	
City, State Berlin NJ		Disposal Date 6/26/26		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 6/4/26

10576

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

RECEIVED

Date of Notification (1) 6/4/26		Name of Building Owner/Operator (2) Lenape Regional High School District		JUN 8 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 93 Willow Grove Road	
		City, State, Zip Code Shamong NJ 08088		ASBESTOS CONTROL & LICENSING	
		Name of Contact Michael Jacobs		Telephone Number 609-268-2000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Shawnee High School			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 600 Tabernacle Rd			Square Feet 1000+	# of Floors 2	Bldg. Age 50+
City (5) Medford NJ 08055		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
County (6) Burlington		Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	
		Name of Abatement Contractor (9) Pernaco Inc.			
Street Address PO Box 167		Street Address PO Box 329			
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	Telephone No. 856-753-9800	License No. 00727	
Start Date (10) 6/19/26	Scheduled Completion Date (11) 6/26/26	Name of OSHA Monitor Same			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address		
			City, State, Zip Code		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure
				<input checked="" type="checkbox"/> Glovebag Procedure	<input 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)	
Rms C129 & C124				600 SF	
				Floor Tile & Mastic	
				x	
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Hills	
City, State Berlin NJ		Disposal Date 6/26/26		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President		Signature	Date 6/4/26

4394

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

PAID

Date of Notification (1) 06 / 08 / 26		Name of Building Owner/Operator (2) RECEIVED 94	
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 Strathmore Road	
		City, State, Zip Code Freehold, NJ 07728	
		Name of Contact ASBE	Telephone Number LICENSING

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 25 Strathmore Road		Square Feet 1600	# of Floors 1	Bldg. Age 65
City (5) Freehold		Current Use (Prior if being demolished) Residence		
County (6) Monmouth		County Code (7)(STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 06 / 10 / 26		Scheduled Completion Date (11) 06 / 12 / 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
kitchen & laundry room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	365 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 2	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 06/12/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 6/8/26	

0224

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

Date of Notification (1) <u>05</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) RECEIVED								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 19 Honeyman Pl City, State, Zip Code Berkeley Heights, NJ 07922 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 and commercial buildings, homes, etc.)								
Street Address 19 Honeyman Pl		Square Feet 2000	# of Floors 02							
City (5) Berkeley Heights		Bldg. Age 45								
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC								
Street Address 269 walker st apt 6		Street Address								
City, State, Zip Code fairview NJ 07022		City, State, Zip Code								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044							
Start Date (10) <u>05</u> / <u>23</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>27</u> / <u>26</u>	Name of OSHA Monitor Emsl Anatical INC								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>x</u> AM- <u>x</u> PM/____PM-____AM		Street Address 1056 Stelton Rd STE 5								
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Piscataway NJ 08854								
<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	
Floor Tiles Kitchen hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	52 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 Rovic trasport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd						
City, State Riverdale		Disposal Date 06/03/26		City, State New Philadelphia PA 17959						
Completed By (Print or Type) Gustavo Ordon		Title owner	Signature 				Date 05/27/26			

* 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)

4365861

Date of Notification (1) 06 / 03 / 26		Name of Building Owner/Operator (2) ob #2605-3550 check#4211	
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 12 Wicklow Court	
		City, State, Zip Code Cherry Hill NJ 08003	
		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 and commercial buildings, homes, etc.)	
Street Address 12 Wicklow Court		Square Feet 2436	# of Floors 3
City (5) Cherry Hill		Bldg. Age 1972	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental	ASCM No.	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	Telephone No. 609-702-0400	License No. 00862
Start Date (10) 06 / 16 / 26	Scheduled Completion Date (11) 06 / 17 / 26	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 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"/> O&M Cleaning <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
Dining Room/Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	O&M Cleaning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 06/17/2026	City, State Morrisville, PA	
Completed By (Print or Type) Kaysi Gruner	Title Admin	Signature 	Date 6/31/26

0227

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

Date of Notification (1) 05 / 22 / 26		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 Suttie Avenue	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact	Telephone Number

JUN 11 2026


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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 and commercial buildings, homes, etc.)
Street Address 18 Suttie Avenue		Square Feet 2000
City (5) Piscataway		# of Floors 02
County (6) Middlesex		Bldg. Age 45
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC
Street Address		Street Address 269 walker st apt 6
City, State, Zip Code		City, State, Zip Code fairview NJ 07022
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400
Start Date (10) 05 / 23 / 26	Scheduled Completion Date (11) 05 / 27 / 26	License No. 02044
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: XAM-XPM / PM-AM		Name of OSHA Monitor Emsl Anatical INC
Street Address		Street Address 1056 Stelton Rd STE 5
City, State, Zip Code		City, State, Zip Code Piscataway NJ 08854

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 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
Floor Tiles Kitche hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	468 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 Rovic trasport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd	
City, State Riverdale		Disposal Date 06/03/26	City, State New Philadelphia PA 17959		
Completed By (Print or Type) Gustavo Ordon	Title owner	Signature 		Date 05/22/26	

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

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

Date of Notification (1)
06-09-2026

Name of Building Owner/Operator (2)

RECEIVED

Agencies Notified

Type Notification

Street Address
1807 Manhattan Ave

EPA
 DEP
 DOL

Initial
 Amended
Amendment # _____
 Emergency (including
justification)
 Cancellation

City, State, Zip Code
Union City NJ 07087

JUN 10 2026

Name of Contact

Telephone Number

ASB

LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

Street Address
1807 Manhattan Av

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

City (5)
Union City

Square Feet # of Floors Bldg. Age

County (6)
Hudson

County Code (7)
(STATE USE ONLY) _____

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
E&V Services LLC

Street Address

Street Address
711 Sip st suite 303

City, State, Zip Code

City, State, Zip Code
Union city NJ 07087

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-875-7290

License No.
02053

Start Date (10)
06-24-2026

Scheduled Completion Date (11)
07-03-2026

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

Street Address

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

City, State, Zip Code

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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		PIPE INSULATION	16LF	X			

Name of Registered Waste Hauler
TRISTATE TRANSFER INC

NJDEP Waste Hauler ID No.
24-1129

Cubic Yards of Waste
2

Name of Registered Landfill
MINERVA ENTERPRISES LLC

City, State
BRONX NY10474

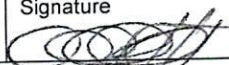
Disposal Date

City, State
WAYNESBURG OH 44688

Completed by
Angel Penaherrera

Title
President

Signature



Date
06-09-2026

1307

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

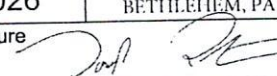
Check# 1307

RECEIVED

Date of Notification (1) 06/08/2026		Name of Building Owner/Operator (2)								
Agencies Notified	Type Notification	Street Address 68 Washington Valley Road								
<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 Morristown, NJ 07960								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4)								
Street Address 68 Washington Valley 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) Morristown, NJ 07960		Square Feet	# of Floors							
County (6) Morris		Bldg. Age								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)							
Street Address		Gr Tech LLC								
City, State, Zip Code		Street Address 576 Valley Road#283								
Project Manager for Monitoring Firm		Telephone No.	License No.							
		973-356-3511	01127							
Start Date (10) 06/18/2026	Scheduled Completion Date (11) 06/19/2026	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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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	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 06/08/2026			

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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) 06/09/2026		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 124 E Main Street Apt 305						
		City, State, Zip Code Denville, NJ, 07834						
		Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 21 Edgewood Road		Square Feet	# of Floors					
City (5) Denville		Bldg. Age						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals					
Street Address		Street Address 6 White Dove Court						
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701						
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200					
Start Date (10) 06/23/2026	Scheduled Completion Date (11) 06/23/2026	Name of OSHA Monitor AAA Lead Professionals						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court						
		City, State, Zip Code Lakewood, NJ, 08701						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Interior			Ducts	10 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 1	Name of Registered Landfill IESI				
City, State Lakewood, NJ		Disposal Date 06/23/2026		City, State BETHLEHEM, PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 06/09/2026			

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

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JUN - 9 2026

Telephone Number of & Licensing

Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 1 Grange Ct		City, State, Zip Code Teaneck, NJ, 07666								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1 Grange Ct		Square Feet	# of Floors							
City (5) Teaneck		Bldg. Age								
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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) 06/16/2026		Scheduled Completion Date (11) 06/16/2026								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 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	
Interior				Floor tile	180SF	<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 06/16/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 06/05/2026				

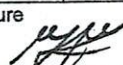
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

0229

RECEIVED

JUN 11 2026

AIRCRAFT & LICENSING

Date of Notification (1) <u>05</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) 701 Sergeantville Rd							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 701 Sergeantville Rd							
		City, State, Zip Code Stockton NJ 08559							
		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 and commercial buildings, homes, etc.)							
Street Address 701 segeantville		Square Feet	# of Floors						
City (5) Stockton NJ		Bldg. Age							
County (6) Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) cvk contracting LLC							
Street Address		Street Address 269 Walker ST apt 6							
City, State, Zip Code		City, State, Zip Code Fairviwew NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) <u>05</u> / <u>30</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>06</u> / <u>26</u>	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>x</u> AM- <u>x</u> PM/ <u> </u> PM- <u> </u> AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
drywall/plaster living room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM	450 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transsite Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM	15 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement duct insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	thermal system insulation	5 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attic linoleum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM	145 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Rovic Transport	NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBT	Name of Registered Landfill Blythe Towns LF Brans Burma Rd						
City, State Riverdale	Disposal Date 06/12/26	City, State New Philadelphia PA 17959							
Completed By (Print or Type) Gustavo Ordon	Title owner	Signature 		Date 05/29/26					

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

3376

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

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JUN - 50276

Date of Notification (1) <u>06</u> / <u>03</u> / <u>25</u>		Name of Building Owner/Operator (2) Jacobs Demolition	
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9	
		City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

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 413 4th Avenue		Square Feet 1500	# of Floors 2
City (5) Belmar		Bldg. Age 80	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		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>06</u> / <u>04</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>05</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	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 06/05/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/3/06

13735

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

B & G Project # 2026-88

Check # 13735

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Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2) B & G Restoration Inc.	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	16 Frazer Road City, State, Zip Code Denville, NJ 07834	JUN - 9 2026 _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 16 Frazer Road		Type of Facility (4)	
Street Address 16 Frazer 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) Denville, NJ 07834		Square Feet	# of Floors
County (6) Morris		Bldg. Age	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) residential	

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

Start Date (10) 06/15/2026	Scheduled Completion Date (11) 06/17/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23	
<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>occupied</u>		City, State, Zip Code Butler, NJ 07405	

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

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
ground floor			X	VAT & mastic	330 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 06/18/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature Gordana Luna		Date 06/05/2026

13734

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

B & G Project # 2026-89

Check # 13736

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 JUN - 9 2026

Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2) PAID								
Agencies Notified	Type Notification	Street Address 66 South Franklin Turnpike, Unit 33								
<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 Ramsey, NJ 07446								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Street Address 66 South Franklin Turnpike, Unit 33 City (5) Ramsey, NJ 07446		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Square Feet	# of Floors Bldg. Age							
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. 973-696-6869	License No. 00378							
Start Date (10) 06/16/2026	Scheduled Completion Date (11) 06/18/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		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 type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
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 bedroom & closet			X	VAT & mastic	205 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 06/19/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer		Signature Gordana Luna			Date 06/05/2026			

20234

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

26037
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Date of Notification (1) 6 / 1 / 26		Name of Building Owner/Operator (2)	
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 350 Riverbank	
		City, State, Zip Code Burlington, NJ 08016	
		Name of Contact _____ Telephone Number _____	

JUN - 9 2026

ASBESTOS CONTROL & LICENSE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Boudinot 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 213 W Pearl St		Square Feet 11000	# of Floors 1
City (5) Burlington, NJ 08016		Bldg. Age 63	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) Alliance Environmental Systems
Street Address 2501 Seaport Drive		Street Address 550 East Union St.	
City, State, Zip Code Chester, PA 19013		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 610-701-9000
Start Date (10) 6 / 15 / 26		Scheduled Completion Date (11) 7 / 2 / 26	License No. 00508
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: <u>7AM-3:30PM</u> / _____ PM - _____ AM		Name of OSHA Monitor Vertex	
		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 type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile / Mastic	9100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Doors	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	60 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Mazza Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill Conestoga	
City, State Tinton Falls, NJ		Disposal Date TBD		City, State Morgantown, PA	
Completed By (Print or Type) Mark Griffin	Title PM	Signature 		Date 6/1/26	

10
55 292224216

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

RECEIVED

Date of Notification (1) 06/02/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 654 Sycamore Street	
		City, State, Zip Code Paramus, NJ, 07652	
		Name of Contact	Telephone Number

JUN - 9 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 654 Sycamore Street		Square Feet N/A	# of Floors N/A
City (5) Paramus		Bldg. Age N/A	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC
Street Address		Street Address 89 FRANKLIN STREET	
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524	
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274
Start Date (10) 06/12/2026	Scheduled Completion Date (11) 06/15/2026	Name of OSHA Monitor EHW ABATEMENT 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: OCCUPIE		Street Address 89 FRANKLIN STREET	
		City, State, Zip Code PATERSON, NJ, 07524	

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

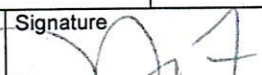
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER	
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY	
Completed by Victor Espiritu		Title Project Manager	Signature 		Date 06/02/2026

20378

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

RECEIVED

Date of Notification (1) 06 / 03 / 26		Name of Building Owner/Operator (2) Capital Home Builders		JUN 30 2026 30378					
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 18 Ueland Road		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Red Bank, NJ 07701							
		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 1 River Street			Square Feet 600	# of Floors 1	Bldg. Age 50				
City (5) Sea Bright		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
County (6) Monmouth		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
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) 06 / 15 / 26		Scheduled Completion Date (11) 06 / 16 / 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) 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	600 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 06/16/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 6/3/26			

305



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

Check# 1305

RECEIVED

Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	263 Hoover Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Bloomfield, NJ 07003	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

JUN - 9 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4)		
Street Address 263 Hoover Avenue		<input type="checkbox"/> School (K-12)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bloomfield, NJ 07003		Square Feet	# of Floors	Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

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

Start Date (10) 06/15/2026	Scheduled Completion Date (11) 06/16/2026	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		City, State, Zip Code Fair Lawn, NJ 07410		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input type="checkbox"/> Other - Describe: _____				

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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	15 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 06/05/2026	

1594



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


RECEIVED

Date of Notification (1) 5-30-2026		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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 419 Hamilton Street		JUN - 9 2026					
		City, State, Zip Code Harrison, NJ 07029		ASBESTOS CONTROL & LICENSING					
		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 419 Hamilton Street			Square Feet 3300	# of Floors 2	Bldg. Age 86+				
City (5) Harrison, NJ 07029		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Hudson		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. 201-333-8855		License No. 001174					
Start Date (10) 6-9-2026		Scheduled Completion Date (11) 6-9-2026		Name of OSHA Monitor Green Environmental Services					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 235 Virginia Avenue						
			City, State, Zip Code Jersey City, NJ 07304						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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	105 LF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Jersey City, NJ		Disposal Date 6-9-2026		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Assistant		Signature <i>Liliana Serrano</i>			Date 5-30-2026		

0214

State Of New Jersey

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

Date of Notification: 05/08/26		Name of Building owner		RECEIVED					
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 733 Third St.		JUN 11 2026					
		City, State, Zip Dunellen, NJ 08812							
		Name of Contact:		PHONE					
Name of Facility Where Abatement is Taking Place House			Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential						
Street Address 733 Third Street			Square Feet 2000	# of Floors 02	Bldg. Age 45				
City Dunellen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
County (6) Middlesex									
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC						
Street		Street Address: 269 Walker St. Apt 6							
City, State, Zip		City, State, Zip Code Fairview, NJ 07022							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-641-5400		License No 02044				
Start Date 05/09/26	Scheduled completion Date 05/12/26		Name of OSHA firm Emsl Analytical Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours			Street Address 1056 Stelton Rd state 5						
			City, State, Zip Code Piscataway						
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure						
Location of		Is Location Normally		Description of		Abatement Type			
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/ Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 302 SF		Enclosure	
								Removal	Repair
Floor tile + mastic in basement		Ye	No	N/A			X		
		s	X						
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield Blythe Towns LF Brads 1061 Burma Rd			
City, State Riverdale, NJ		Disposal Date 05/20/26		City New Philadelphia, PA 17959					
Completed by Gustavo Ordon		Title President		Signature 		05/08/26			

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

02/18

RECEIVED

JUN 11 2026

Date of Notification (1) 05 / 26 / 26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Berkley Ave	
		City, State, Zip Code Colonia, NJ 07067	
		Name of Contact	Telephone Number & LICENSING

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 and commercial buildings, homes, etc.)	
Street Address 10 Berkley Ave		Square Feet 2000	
City (5) Colonia		# of Floors 02	Bldg. Age 45
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC	
Street Address		Street Address 269 walker st apt 6		
City, State, Zip Code		City, State, Zip Code fairview NJ 07022		
Project Manager for Monitoring Firm		Telephone No. 973 641 5400	License No. 02044	

Start Date (10) 05 / 27 / 26	Scheduled Completion Date (11) 05 / 28 / 26	Name of OSHA Monitor Emsl Anatical INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: x AM- x PM/____PM-____AM		Street Address 1056 Stelton Rd STE 5	
		City, State, Zip Code Piscataway NJ 08854	

Scope of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input 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
Duct Insulation in basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermal Systems Insulation	15 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 Rovic trasport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd	
City, State Riverdale		Disposal Date 06/10/26	City, State New Philadelphia PA 17959		
Completed By (Print or Type) Gustavo Ordon	Title Owner	Signature 		Date 05/26/26	

* 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)

0221

Date of Notification (1) 05 / 19 / 26		Name of Building Owner/Operator (2) PAID	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 Wesber Pl	City, State, Zip Code East Orange NJ
		Name of Contact	Telephone Number

RECEIVED
JUN 11 2026

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 and commercial buildings, homes, etc.)	
Street Address 18 Wesber pl		Square Feet 2000	# of Floors 02
City (5) east orange		Bldg. Age 45	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC	
Street Address		Street Address 269 walker st apt 6	
City, State, Zip Code		City, State, Zip Code fairview NJ 07022	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044
Start Date (10) 05 / 19 / 26	Scheduled Completion Date (11) 05 / 19 / 26	Name of OSHA Monitor Emsl Anatical INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: x AM- x PM/____PM-____AM		Street Address 1056 Stelton Rd STE 5	
		City, State, Zip Code Piscataway NJ 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement pipe insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	thermal system insulation	20 ft	<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 Rovic trasport	NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd
City, State Riverdale	Disposal Date 05/29/26	City, State New Philadelphia PA 17959	
Completed By (Print or Type) Gustavo Ordon	Title owner	Signature 	Date 05/19/26

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

013

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


PAID

Date of Notification: 05/06/26		Name of Building owner		RECEIVED											
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH		Type Notification Initial Amended <input checked="" type="checkbox"/> Emergency (including Justification) Extended		Street Address: 55 Phyllis Road City, State, Zip West Orange, NJ 07052		Name of Contact: _____ PHONE _____									
Name of Facility Where Abatement is Taking Place House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential											
Street Address 55 Phyllis Road				Square Feet 2000		# of Floors 02	Bldg. Age 45								
City West Orange				Current Use (Prior if being demolished)											
County (6) Essex		County Code (7) (STATE USE ONLY)													
Name of Monitoring Firm Hired by Building Owner			ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC											
Street				Street Address: 269 Walker St. Apt 6											
City, State, Zip				City, State, Zip Code Fairview, NJ 07022											
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-641-5400		License No. 02044								
Start Date 05/07/26		Scheduled completion Date 05/08/26		Name of OSHA firm Emsl Analytical Inc											
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> -Describe/Facility closed during the abatement after school hours				Street Address 1056 Stelton Rd state 5 City, State, Zip Code Piscataway											
Scope of Work (Check all apply)				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure											
<input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition													
Location of		Is Location Normally		Description of		Abatement Type									
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 18 LF		Removal		Repair		Encapsulate		Enclosure	
								Ye s		No		N/ A			
Pipe insulation in Basement		X		Thermal Systems Insulation		18 LF		X							
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Hauler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield Blythe Towns LF Brads 1061 Burma Rd									
City, State Riverdale, NJ				Disposal Date 05/13/26		City New Philadelphia, PA 17959									
Completed by Gustavo Ordon		Title President		Signature 		05/06/26									

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

0231

RECEIVED

Date of Notification (1) 06 / 02 / 26		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Windemere Rd							
		City, State, Zip Code Verona, NJ 07044							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <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 2 Windemere Rd		Square Feet	# of Floors						
City (5) Verona		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) CVK CONTRACTING LLC						
Street Address		Street Address 269 walker st apt 6							
City, State, Zip Code		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 06 / 01 / 26	Scheduled Completion Date (11) 06 / 06 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: xAM-xPM/ PM- AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Floor tiles Mastic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/ ACM	650 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 Rovic trasport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd					
City, State Riverdale		Disposal Date 06/12/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner	Signature 			Date 06/10/26			

291

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

RECEIVED

Date of Notification (1) 5/4/26		Name of Building Owner/Operator (2) JUN - 9 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 466 Grove St City, State, Zip Code Oradell, NJ 07649	
		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 466 Grove St		Square Feet _____ # of Floors _____ Bldg. Age _____	
City (5) Oradell, NJ 07649		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____	
County (6) Bergen		Name of OSHA Monitor Chris Weber	


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 South Plainfield, NJ 07080	
City, State, Zip Code		Telephone No. 732-289-7360		License No. 02010	

Start Date (10) 5/5/26		Scheduled Completion Date (11) 5/12/26		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)

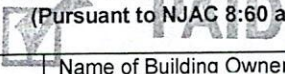
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Basement		x		VAT	600SF	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 5/4/26	

2137

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



RECEIVED

Date of Notification (1) 6/2/2026		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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 304 Oak Street	
		City, State, Zip Code Boonton NJ	
		Name of Contact	Telephone Number

JUN - 9 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single Family		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 304 Oak St		Square Feet unknown	# of Floors 2	Bldg. Age unknown
City (5) Boonton		Current Use (Prior if being demolished) Child Center		
County (6)		County Code (7) (STATE USE ONLY)		
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) 6/4/2026		Scheduled Completion Date (11) 6/5/2026		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 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 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
Pipe Insulation			X	TSI	25 LF	X			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill	
City, State Elizabeth, NJ		Disposal Date		City, State Morgantown PA	
Completed by John Kim		Title President	Signature 		Date 6/2/2026

0036



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

0036

Date of Notification (1) 5-29-26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300-WINSTON DRIVE UNIT 210							
		City, State, Zip Code CLIFFSIDE PARK, NJ							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 300-WINSTON DRIVE UNIT 210			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) CLIFFSIDE PARK		Square Feet 170	# of Floors 1	Bldg. Age +50					
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)		ASCM No.	Name of Abatement Contractor (9) DINAGO ENTERPRISES, LLC.						
Street Address		Street Address 203-RYAN ST.							
City, State, Zip Code		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-341-0776	License No. 01240					
Start Date (10) 6-8-26	Scheduled Completion Date (11) 6-9-26		Name of OSHA Monitor						
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						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
LIVINGROOM CEILING		X		TILE	170	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 04516	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill					
City, State 623-Dowd Ave. Elizabeth, NJ 07201		Disposal Date		City, State Morrisville, PA.					
Completed by CARLOS GOMES		Title PRESIDENT	Signature 		Date 5-29-26				

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

2117

Date of Notification (1) 05/28/2026		Name of Building Owner/Operator (2) TWP of Belleville	
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 191 Belmont Avenue	
		City, State, Zip Code Belleville, NJ 07109	
		Name of Contact	Telephone Number

RECEIVED

JUN - 1 2026

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 191 Belmont Avenue		Square Feet 4,171	# of Floors 2
City (5) Belleville		Bldg. Age 45	
County (6) Essex	County Code (7) <i>(STATE USE ONLY)</i>	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) 06/08/2026	Scheduled Completion Date (11) 06/12/2026	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 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
First floor Office		✓		Brown/White/beige/tan Vinyl Sheet Flooring/mastic	125 SF	✓			
First Floor Stairs		✓		Beige/Tan vinyl sheet flooring w/tan mastic	45 SF	✓			
Second Floor Stairs		✓		White/Brown/Gray 12"x12" Vinyl Floor tile with tan mastic	16 SF	✓			
Floor 1 Storage Room		✓		Light Brown 12"x12" Vinyl Floor tile with black mastic	395 SF	✓			

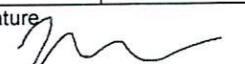
Name of Registered Waste Hauler Acme Professional Services Corp	NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill
City, State Kinnelon, NJ	Disposal Date 06/12/2026	City, State Morrisville, PA	
Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>	Date 05/28/2026

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

2139

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

PAID

Date of Notification (1) 6/7/2026		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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 131 Somerville Rd		City, State, Zip Code Ridgewood NJ 07450					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 131 Somerville Rd			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 131 Somerville Rd			Square Feet unknown	# of Floors 1	Bldg. Age unknown				
City (5) Ridgewood		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Bergen		Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.					
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) 6/9/2026		Scheduled Completion Date (11) 6/11/2026		Name of OSHA Monitor John Kim					
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>Basement Only</u>			Street Address 254 Ridgewood Ave						
			City, State, Zip Code Glen Ridge NJ 07028						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	550 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill				
City, State Elizabeth, NJ				Disposal Date	City, State Morgantown PA				
Completed by John Kim			Title President	Signature 		Date 6/7/2025			

1208

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

4365867
CL # 12081



RECEIVED

Date of Notification (1) 5/29/2026		Name of Building Owner/Operator (2) Mimalan, 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 1202 Tilton Rd., Suite 1	
		City, State, Zip Code Northfield, NJ 08225	
		Name of Contact _____ Telephone Number _____	

JUN - 3 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant 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 212 Abbey Lane (Garage Only)		Square Feet 600	# of Floors 1	Bldg. Age 100+
City (5) Pleasantville	County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied	

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____		Name of Abatement Contractor (9) American Demolition Corp.		
Street Address		Street Address 2 English Lane		
City, State, Zip Code		City, State, Zip Code Egg Harbor Twp., NJ 08234		
Project Manager for Monitoring Firm		Telephone No. 609-926-7373	License No. 02056	

Start Date (10) 6/8/2026	Scheduled Completion Date (11) 6/27/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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			X	asbestos shingles	400 sf	X			
						X			
						X			

Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA	
City, State Egg Harbor Twp., NJ		Disposal Date TBD	City, State Pleasantville		
Completed by Jannie Truehart		Title Project Manager	Signature <i>Jannie Truehart</i>		Date 5/29/26

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

4188395
CL# 10080
RECEIVED

12082

Date of Notification (1) 5/29/2026		Name of Building Owner/Operator (2) KR Direct LLC	
Agencies Notified	Type Notification	Street Address 1107 Hickory St.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Delanco, NJ 08075	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact	Telephone Number

JUN - 3 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4)	
Street Address 113 N. Congress 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) Atlantic City	Square Feet 1457	# of Floors	Bldg. Age 100+
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) American Demolition Corp.
Street Address		Street Address 2 English Lane	
City, State, Zip Code		City, State, Zip Code Egg Harbor Twp., NJ 08234	
Project Manager for Monitoring Firm		Telephone No. 609-926-7373	License No. 02056
Start Date (10) 6/8/2026	Scheduled Completion Date (11) 6/27/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input 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			X	asbestos shingles	1000 sf	X			
basement			X	insulation	6 lf	X			
rear porch			X	floor tile	80 sf	X			

Name of Registered Waste Hauler American Demolition Corp	NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA
City, State Egg Harbor Twp., NJ		Disposal Date TBD	City, State Pleasantville
Completed by Jannie Truehart	Title Project Manager	Signature <i>Jannie Truehart</i>	Date 5/29/26

4663

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

Check # 4663
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Date of Notification (1) 6 / 5 / 26		Name of Building Owner/Operator (2) SRI International	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 Washington Rd	
		City, State, Zip Code Princeton, NJ 08540	
		Name of Contact Chris Lewis	Telephone Number 215-307-7100

JUN - 9 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SRI International		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 201 Washington Rd		Square Feet	# of Floors
City (5) Princeton		Bldg. Age 50+	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Stocku	Telephone No. 610-865-0031	Telephone No. 215-788-6040	License No. 02121
Start Date (10) 6 / 16 / 26	Scheduled Completion Date (11) 6 / 19 / 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<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 Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Name of Registered Waste Hauler Bristol Environmental		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date		City, State Morrisville, PA	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date 6/5/26	

ASB-41 MAY 11 BS26030

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4210

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

Date of Notification (1) 05 / 01 / 26		Name of Building Owner/Operator (2) Borough of Point Pleasant Beach #2603-3498 check#4210							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 416 New Jersey Avenue							
		City, State, Zip Code Point Pleasant Beach NJ 08742							
		Name of Contact Jack Johnston	Telephone Number 732-899-0705						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Decommissioned Coast Guard Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 24 Inlet Drive		Square Feet 3350	# of Floors 3						
City (5) Point Pleasant Beach		Bldg. Age 90							
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Inc		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 64 Broad Street		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Matawan NJ 07747		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217	Telephone No. 609-702-0400						
License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 05 / 26 / 26	Scheduled Completion Date (11) 06 / 04 / 26	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							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code Cinnaminson, NJ 08077							
<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
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Flooring	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flooring	180 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills					
City, State Lumberton, NJ		Disposal Date 06/04/2026		City, State Morrisville, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Admin	Signature 			Date 6/1/26			

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JUN 11 2026

ASBESTOS CONTROL & LICENSING

1337

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

B & G Project # 2026-83

Check # 13737

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Date of Notification (1) 06/09/2026		Name of Building Owner/Operator (2) Rutgers Preparatory School	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # Resume <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1345 Easton Avenue	
		City, State, Zip Code Somerset, NJ 08873	
		Name of Contact Mike Zulla, Director of Facilities	Telephone Number 732-646-5600

JUN 11 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rutgers Preparatory School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1345 Easton Avenue		Square Feet	# of Floors
City (5) Somerset, NJ 08873		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private School	
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) 06/10/2026 ***	Scheduled Completion Date (11) 06/12/2026 ***	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		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"/> Renovation	<input type="checkbox"/> Wrap and Cut
<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
200 Wing Hallway			X	VAT & mastic	550 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 7	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ	Disposal Date 06/12/2026	City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 06/09/2026

4660

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

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Check # 4660

JUN - 9 2026

Date of Notification (1) <u>6</u> / <u>4</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive.	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Eric Emery	Telephone Number 609-258-3432

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University- Old Graduate College		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 88 College Rd. West		Square Feet	# of Floors
City (5) Princeton			Bldg. Age 70
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Dorms	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET		
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121	

Start Date (10) <u>6</u> / <u>8</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>12</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: 7:00AM-5:30PM / ___ PM- ___ 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 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 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 Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	192 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 Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date 6/4/24	

ASB-41 MAY 11 **BS25140**

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4654

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

Check # 4654

Date of Notification (1) <u>5</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) Lindenwold Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 801 Egg Harbor Road	
		City, State, Zip Code Lindenwold, NJ 08021	
		Name of Contact Kathleen Huder	Telephone Number 856-783-0276

JUN - 1 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Lindenwold School #5		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 550 Chews Landing Rd		Square Feet	# of Floors
City (5) Lindenwold		Bldg. Age	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC
Street Address PO Box 316		Street Address 1123 BEAVER STREET	
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 215-788-6040
		License No. 02121	
Start Date (10) <u>6</u> / <u>29</u> / <u>26</u>		Scheduled Completion Date (11) <u>7</u> / <u>10</u> / <u>26</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/___PM-___AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC	
		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input 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
Rooms 100-105A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	5000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scaffiro	Title Estimator	Signature <i>Brian Scaffiro</i>		Date 5/27/20	

ASB-41
MAY 11 **BS26036**

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52890

check #
52890

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



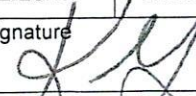
RECEIVED

Date of Notification (1) <u>6</u> / <u>2</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 856-757-350							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 1600 Hadden Avenue		Square Feet 20000	# of Floors 11							
City (5) Camden		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 Contracting, Inc.							
Street Address 2501 Seaport Drive, Suite BH 110		Street Address 98 Lacrue Avenue, Suite 110								
City, State, Zip Code Chester, PA 19013		City, State, Zip Code Glen Mills, PA 19342								
Project Manager for Monitoring Firm Don Heim		Telephone No. 610-558-8902	Telephone No. 610-664-9622							
License No. 01103										
Start Date (10) <u>6</u> / <u>17</u> / <u>26</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</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-_____PM/ <u>5</u> PM-_____AM		Street Address 2501 Seaport Drive								
		City, State, Zip Code Chester, PA 19013								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2700 SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
2nd Floor - 6 rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile / Mastic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Tri-State 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 7/31/26	City, State Morgantown, PA 19543							
Completed By (Print or Type) Susanne Falcone		Title Office Manager	Signature <i>Susanne D. Falcone</i>				Date 6/2/2026			

Reduced Score
10

4356769

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

Date of Notification (1) 05 / 20 / 26		Name of Building Owner/Operator (2) Vineland Preservation Job #2601-3478 check#N/A							
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2900 Fire Road Suite 203							
		City, State, Zip Code Egg Harbor Township NJ 08234							
		Name of Contact Martin Whalen	Telephone Number 609-823-0029						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland Gardens- Multiple Units		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 775 S Seventh Street		Square Feet TBD	# of Floors 2						
City (5) Vineland		Bldg. Age 57 years							
County (6) Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) IEC LLC		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 117 North Blackhorse Pike		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Runnemede NJ		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Michael Menz		Telephone No. 856-628-6020	Telephone No. 609-702-0400						
		License No. 00862							
Start Date (10) 05 / 29 / 26	Scheduled Completion Date (11) 06 / 12 / 26	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"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>Enclosure</i> <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
2 ADA Units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	530 SF/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 Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill CCIA					
City, State Lumberton, NJ		Disposal Date 06/12/2026	City, State Rosenhayn NJ						
Completed By (Print or Type) Kaysi Gruner		Title Admin	Signature 				Date 5/28/26		

RECEIVED

JUN 11 2026

ASBESTOS CONTROL & LICENSING

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

RECEIVED

Date of Notification (1) <u>06</u> / <u>05</u> / <u>26</u>		Name of Building Owner/Operator (2) South Plainfield Board of Education		CHECK#4871
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 125 Jackson Avenue		
		City, State, Zip Code South Plainfield, NJ 07080		
		Name of Contact Tom Wiggins		Telephone Number 908.217.2394

JUN - 9 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grant 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 305 Cromwell Place		Square Feet 25,000	# of Floors 1	Bldg. Age 50+
City (5) South Plainfield		Current Use (Prior if being demolished) School		
County (6) MIDDLESEX	County Code (7)(STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation	
Street Address		Street Address 530 Church Street- Suite 6		
City, State, Zip Code		City, State, Zip Code Ridgefield, NJ 07657		
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074	
Start Date (10) <u>06</u> / <u>19</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</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: <u>AM-3:00PM</u> / <u>PM-</u> <u>AM</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
Counselor's, Principal and Music Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile+Mastic	2,211 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 6/5/26
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* Do not use this form for asbestos licensure exempted activities.

1077

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

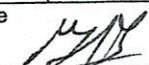
RECEIVED
Ch # 1077

Date of Notification (1) 05 / 28 / 26		Name of Building Owner/Operator (2) Cherry Hill Public Schools		JUN - 9 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 Ranoldo Terrace		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Cherry Hill, NJ 08002							
		Name of Contact Steve Nicolella		Telephone Number 856-616-0275					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rosa International 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 485 Browning Lane			Square Feet 129,522	# of Floors 2	Bldg. Age 50+				
City (5) Cherry Hill		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Middle School					
County (6) Camden		Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		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 Paterson, NJ 07504					
City, State, Zip Code Moorestown, NJ 08057		Telephone No. 856-840-8800		Telephone No. 973-345-0022					
Project Manager for Monitoring Firm Erick Cole		License No. 02117		Name of OSHA Monitor Same as above					
Start Date (10) 06 / 30 / 26		Scheduled Completion Date (11) 08 / 25 / 26		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - 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"/> ≥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 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
A Wing - First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Plaster	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Wing - First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings/Joints	120 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Wing-First Fl - Next To Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings/Joints	100 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Wing/Cafeteria - Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking	860 LF	<input checked="" 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 200		Name of Registered Landfill Waste Mgmt. - Fairless Hills			
City, State Elizabeth, NJ 07201		Disposal Date 08-25-2026		City, State Morrisville, PA					
Completed By (Print or Type) Leslie Olszewski		Title Project Manager		Signature 		Date 05-28-2026			

0222

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


RECEIVED

Date of Notification (1) <u>05</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) Ridgewood Cristian Testimonial Church							
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 15 Fairmount Rd							
		City, State, Zip Code Ridgewood NJ 07450							
		Name of Contact Joe	Telephone Number 201 602 2070						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ridgewood Cristian Testimonial Church		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 15 Fairmount Rd		Square Feet 2000	# of Floors 02						
City (5) Ridgewood		Bldg. Age 45							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC							
Street Address		Street Address 269 walker st apt 6							
City, State, Zip Code		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) <u>05</u> / <u>28</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>01</u> / <u>26</u>	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement kitchen Floor tile mastic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/ACM	100 ft	<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 Rovic trasport	NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd						
City, State Riverdale	Disposal Date 06/07/26	City, State New Philadelphia PA 17959							
Completed By (Print or Type) Gustavo Ordon	Title owner	Signature 		Date 05/19/26					

021

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

RECEIVED

Date of Notification: 05/11/26		Name of Building owner Arik Hartman		RECEIVED					
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification <input checked="" type="checkbox"/> Initial Amended Emergency (including Justification) Extended	Street Address: 7000 JFK Blvd East Apt 17d		JUN 11 2026					
		City, State, Zip Guttenberg NJ 07093		PHONE 201 9785841 ASBESTOS CONTROL & LICENSING					
		Name of Contact: Ivette De Jesus							
Name of Facility Where Abatement is Taking Place Galaxy towers			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> commercial						
Street Address 7000 JFK Blvd East Apt 17d			Square Feet 2000	# of Floors 02	Bldg. Age 45				
City Guttenberg			Current Use (Prior if being demolished)						
County (6) Judson		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC						
Street		Street Address: 269 Walker St. Apt 6							
City, State, Zip		City, State, Zip Code Fairview, NJ 07022							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-641-5400	License No 02044					
Start Date 05/20/26	Scheduled completion Date 05/28/26		Name of OSHA firm Emsl Analytical Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> -Describe/Facility closed during the abatement after school hours			Street Address 1056 Stelton Rd state 5						
			City, State, Zip Code Piscataway						
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> > 160 sf or > 260 lf			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Demolition <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure						
Location of		Is Location Normally		Abatement Type					
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		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)		Enclosure	
Floor tile/mastic		X		VAT/ACM		630 SF		X	
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield Blythe Towns LF Brads 1061 Burma Rd			
City, State Riverdale, NJ		Disposal Date 06/03/26		City New Philadelphia, PA 17959					
Completed by Gustavo Ordon		Title President		Signature 		05/11/26			

10329

Check # 10329

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

GAC Project # 060-26

Date of Notification (1) June 8, 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) RARITAN QUARTERLY BLDG, BLDG# 3131		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) 06/18/2026	Scheduled Completion Date (11) 06/19/2026	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 - 5AM (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 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 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)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 80 SF
107 Foyer	<input checked="" type="checkbox"/>	VAT	<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		Disposal Date 6/19/2026	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067	
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 8, 2026

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

4662

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

Check # 4662
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Date of Notification (1) 6 / 4 / 26		Name of Building Owner/Operator (2) SRI International								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 Washington Rd								
		City, State, Zip Code Princeton, NJ 08540								
		Name of Contact Michael Davis	Telephone Number 609-734-2538							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) SRI International		Type of Facility (4) <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 201 Washington Rd		Square Feet	# of Floors 50+							
City (5) Princeton		Bldg. Age								
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Exterior								
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET								
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 610-865-0031	Telephone No. 215-788-6040							
		License No. 02121								
Start Date (10) 6 / 15 / 26	Scheduled Completion Date (11) 6 / 17 / 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____PM- _____AM		Street Address 1123 BEAVER STREET								
		City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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 Steam Tunnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam Condensate Pipe Insulation	105 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 Bristol Environmental		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Bristol, PA		Disposal Date		City, State Morrisville, PA						
Completed By (Print or Type) Brian Scaffiro		Title Estimator	Signature <i>Brian Scaffiro</i>				Date 6/14/26			

ASB-41 MAY 11 **BS26057**

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

4661

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

check # 4661

Date of Notification (1) <u>6</u> / <u>4</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Eric Emery	Telephone Number 609-258-3432

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JUN - 9 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		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 1 Washington Rd		Square Feet	# of Floors
City (5) Princeton		Bldg. Age 0	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC
Street Address 120 North Warren St		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roland Jones	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 02121
Start Date (10) <u>6</u> / <u>15</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>17</u> / <u>26</u>	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 Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / ____ PM - ____ 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 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 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 Trustees Reading Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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. 15939	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date 6/4/26	

ASB-41
MAY 11 *BS260000*

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

1926-NJ-26A

Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # ___ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 190 Muhammad Ali Ave	
		City, State, Zip Code Newark, NJ 07108	
		Name of Contact Benjamin Olagadeyo	
		Tel. Number (973)391-4331	

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JUN 10 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sir Issac Newton Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 150 Newton St		Square Feet	# of Floors
City (5) Newark, NJ 07103		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner TTI Environmental, Inc.		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC
Street Address 1253 North Church St.		Street Address PO Box 395	
City, State, Zip Code Moorestown, NJ 08057		City State, Zip Code Lodi, NJ 07644	
Project Manager for Monitoring Firm (8) Jim Guilardi	Telephone Number (609) 314-1683	Telephone Number (973)685-9791	License Number 01191 "A"
Scheduled Start Date (10) 06/23/2026	Scheduled Completion Date (11) 07/23/2026	Name of OSHA Monitor Testor Technologies	
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 10-59 Jackson Ave. City, State, Zip Code Long Island City, NY 11101	

Source 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"/> Glove bag 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 Art Room UN-04		X		Pipe Insulation	40 LF	X			
Basement Art Room UN-04		X		Ceiling Plaster	900 SF	X			
Basement Art Room UN-04		X		Floor Tile & Mastic	900 SF	X			

Name of Reg. Waste Hauler Cid Construction Services, LLC	NJDEP Waste Hauler ID # 32905	Cubic Yards of Waste TBD	Name of Reg. Landfill Century Waste Service LLC
City, State Lodi, NJ		Disposal Date TBD	City, State Elizabeth, NJ
Completed by Roque Schipilliti	Title Project Manager	Signature 	Date 06/05/2026

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

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JUN 11 2026

Date of Notification (1) 06/08/2026		Name of Building Owner/Operator (2) Regency Development	
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 120 4th St	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact	Telephone Number 848-261-1554

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 577 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. 732-719-5649	License No. 1200
Start Date (10) 06/18/2026	Scheduled Completion Date (11) 06/22/2026	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)

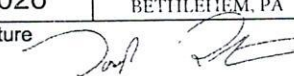
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Interior				Floor Tile	2000SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 7	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 06/22/2026		City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 		Date 06/08/2026	

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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) 06/08/2026		Name of Building Owner/Operator (2) Seven Wonders Construction								
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 428 Lincoln Blvd							
	City, State, Zip Code Middlesex, NJ 08846		Telephone Number (732) 672-4170							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Apartment Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 587 Carroll St		Square Feet	# of Floors							
City (5) Orange		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) 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) 06/17/2026	Scheduled Completion Date (11) 06/17/2026	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 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 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	
Exterior				Caulking	50LF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 2	Name of Registered Landfill BEST						
City, State Lakewood, NJ		Disposal Date 06/17/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 06/08/2026			

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

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Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2) Iron Ore Properties LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 55 Bleeker Street							
		City, State, Zip Code Millburn, NJ							
		Name of Contact Matthew Snyder							
		Telephone Number 845-213-8497							
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 1203 South Avenue		Square Feet	# of Floors						
City (5) Plainfield		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) 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) 06/14/2026	Scheduled Completion Date (11) 07/17/2026	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 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 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- Roof			X	Roofing & Flashing	16,200 SF	X			
Interior			X	Floor tile and mastic	6,000 SF	X			
Interior			X	Ceiling glue dot	800 SF	X			
Interior			X	Pipe insulation	10 LF	X			
Name of Registered Waste Hauler Century Waste LLC / Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill / Blythe Landfill					
City, State Elizabeth, NJ / Riverdale, NJ		Disposal Date		City, State Morrisville, PA / New Philadelphia, PA					
Completed by Jacqueline Anello		Title Office Administrator		Signature <i>Jacqueline Anello</i>			Date 06/05/2026		

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

Check # 46064

Date of Notification (1) 6/9/26		Name of Building Owner / Operator (2) Woodbine BOE	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 801 Webster Street	
		City, State & Zip Code Woodbine, NJ 08270	
		Name of Contact Ms Lesa Robbins	Telephone Number 856-358-6020

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JUN 12 2026

ASBESTOS CONTR

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Woodbine ES			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 801 Webster Street			Square Feet 110,000	# of Floors 2	Bldg. Age 60+
City (5) Webster	County (6) Cape May	County Code (7)	Current Use (Prior if being demolished) School		

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC		
Street Address 1253 N Church Street		Street Address 1123 Beaver Street			
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8800	Telephone Number (215)788-6040	License Number 02121	

Scheduled Start Date (10) 6/22/26	Scheduled Completion Date (11) 7/11/26	Name of OSHA Monitor Bristol Environmental LLC			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street			
		City, State & Zip Code Bristol, PA 19007			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Perimeter Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk	1953 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 50 cu yd	Name of Registered Landfill Conestoga Landfill	
City, State Bristol, PA		Disposal Date 7/11/26		City, State Morgantown, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 6/9/26

6126094

303968



PAID

Print Form

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

RECEIVED
 ck # 3768
 JUN 10 2026

Date of Notification (1) 06/05/26		Name of Building Owner/Operator (2) Uncommon School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108 South 9th Street	
		City, State, Zip Code Newark, NJ	
		Name of Contact Matthew Alban	Telephone Number 201-246-7575

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) North Star Academy Fairmount & Liberty Campus		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 108 South 9th Street		Square Feet 10,000 +	# of Floors 1
City (5) Newark		Bldg. Age 50 +	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Logic, LLC		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.
Street Address 15 Princess Road, Suite K		Street Address 1141 Route 23	
City, State, Zip Code Lawrenceville, NJ 08648		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No. 609-910-0720	Telephone No. (973) 628-9500	License No. 00408
Start Date (10) 06/17/26	Scheduled Completion Date (11) 07/17/26	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, 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 1141 Route 23	
		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 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

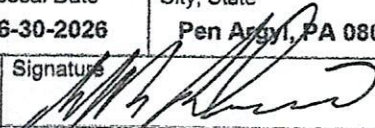
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Room and Associated Rooms			X	Floor Tile & Mastic	1,097 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc	NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill
City, State Wayne, New Jersey	Disposal Date TBD	City, State Pen Argyl, Pennsylvania	
Completed by Jerry Bijelonic	Title Project Manager	Signature 	Date 06/05/26

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

✓ # 2101

2101

Date of Notification (1) <u>06</u> / <u>08</u> / <u>26</u>		Name of Building Owner/Operator (2) Hamburg Veterinarian Clinic							
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 59 Hamburg Avenue							
		City, State, Zip Code Hamburg, NJ 07419							
		Name of Contact Andrew Haas	Telephone Number 201-819-2381						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hamburg Veterinarian Clinic		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 59 Hamburg Avenue		Square Feet 5000	# of Floors 2						
City (5) Hamburg, NJ 07419		Bldg. Age 50+							
County (6) Sussex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 176 Saddle River Avenue							
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) <u>06</u> / <u>19</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>21</u> / <u>26</u>	Name of OSHA Monitor Asbestos Analytical Labs							
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: 8:00 AM-4:30 PM -____AM		Street Address 51 Gage Road							
		City, State, Zip Code East Brunswick, NJ 08816							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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 - Reception Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	450 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 Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2 Yards	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 06-30-2026	City, State Pen Argyl, PA 08072						
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager	Signature 			Date 06-08-2026			

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JUN 11 2026

ASBESTOS CONTROL & LICENSING

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

4872

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Date of Notification (1) <u>06</u> / <u>05</u> / <u>26</u>		Name of Building Owner/Operator (2) South Plainfield Board of Education		CHECK#4872					
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 125 Jackson Avenue		JUN - 9 2026				
			City, State, Zip Code South Plainfield, NJ 07080		ASBESTOS CONTROL & LICENSING				
			Name of Contact Tom Wiggins	Telephone Number 908.217.2394					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2900 Norwood Avenue			Square Feet 35,000	# of Floors 2	Bldg. Age 50+				
City (5) South Plainfield		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School					
County (6) MIDDLESEX									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 530 Church Street- Suite 6							
City, State, Zip Code		City, State, Zip Code Ridgefield, NJ 07657							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700	License No. 01074					
Start Date (10) <u>06</u> / <u>19</u> / <u>26</u>		Scheduled Completion Date (11) <u>06</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: <u> </u> AM- <u>3:00</u> PM/ <u> </u> PM- <u> </u> 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 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
Office Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,100 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 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 6/5/26			

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

1078

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

Ch. # 1078
RECEIVED

Date of Notification (1) <u>06</u> / <u>02</u> / <u>26</u>		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

JUN - 9 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 ~130,000	# of Floors 1
City (5) Cherry Hill		Bldg. Age 54	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Middle School	

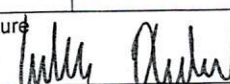
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No. 00003	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.	
Street Address 1253 North Church Street		Street Address 494 East 41st Street		
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code 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) <u>06</u> / <u>23</u> / <u>26</u>	Scheduled Completion Date (11) <u>08</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 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 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
1st Floor - Locker Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joints/Elbows	50 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Overhang Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior/Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulking	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Above Door Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	30 SF	<input checked="" 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 20	Name of Registered Landfill Waste Mgmt. - Fairless Hills	
City, State Elizabeth, NJ 07201		Disposal Date 08-25-2026	City, State Morrisville, PA		
Completed By (Print or Type) Leslie Olszewski	Title Project Manager	Signature 	Date 06-02-2026		

153

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

RECEIVED

Date of Notification (1) <u>05</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) Marc Santoro	
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 6646 Westfield Ave.	
		City, State, Zip Code Pennsauken, NJ 08110	
		Name of Contact Marc Santoro	Telephone Number

JUN 9 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Starbucks Site		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 1071 ROUTE 73 PENNSAUKEN, NJ 08110		Square Feet 2100	# of Floors 1	Bldg. Age 1960
City (5) Pennsauken, NJ 08110		Current Use (Prior if being demolished) Resident		
County (6) Camden County	County Code (7)(STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) Global Contracting		ASCM No.	Name of Abatement Contractor (9) Global Contracting	
Street Address 375 N. Main St		Street Address 375 N. Main St		
City, State, Zip Code Williamstown NJ 08094		City, State, Zip Code Williamstown NJ 08094		
Project Manager for Monitoring Firm	Telephone No. 609-547-5198	Telephone No. 609-547-5198	License No. 02142-02	

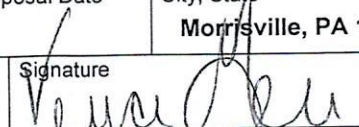
Start Date (10) <u>06</u> / <u>07</u> / <u>26</u>	Scheduled Completion Date (11) <u>07</u> / <u>15</u> / <u>26</u>	Name of OSHA Monitor Global Contracting		
--	---	---	--	--

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 375 N. Main St		
		City, State, Zip Code Williamstown NJ 08094		

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 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Joint compound	300Sqft	<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"/>

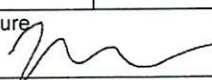
Name of Registered Waste Hauler Global Contracting Service		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30 Yard	Name of Registered Landfill Fairless landfill	
City, State 375 N. Main St Williamstown, NJ 08094		Disposal Date		City, State Morrisville, PA 19067	
Completed By (Print or Type) Vernice Graham	Title Spouse	Signature 		Date 5.28.20.	

2138

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

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Date of Notification (1) 6/2/2026		Name of Building Owner/Operator (2) East Orange Child Development Corp							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 682 Park Ave		City, State, Zip Code East Orange, NJ					
		Name of Contact Kenneth Bray		Telephone Number 973-676-1110					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Orange Child Development Corp			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 682 Park Ave			Square Feet unknown	# of Floors 2	Bldg. Age unknown				
City (5) East Orange		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Child Center					
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____					
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) 6/13/2026		Scheduled Completion Date (11) 6/15/2026		Name of OSHA Monitor John Kim					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 254 Ridgewood Ave						
			City, State, Zip Code Glen Ridge NJ 07028						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Duct Insulation	X		X	TSI	20 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill				
City, State Elizabeth, NJ				Disposal Date		City, State Morgantown PA			
Completed by John Kim			Title President		Signature 		Date 6/2/2026		

2125

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

RECEIVED

Date of Notification (1) 06/03/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
		City, State, Zip Code	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	77 Hansell Rd,	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	New Providence, NJ 07974	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Telephone Number	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

JUN - 8 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)	
Street Address 77 Hansell Rd,		<input type="checkbox"/> School (K-12)	
City (5) New Providence		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Union		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County Code (7) Union	ASCM No.	Square Feet 3,268	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8)	Name of Abatement Contractor (9) Acme Professional Services Corp	Bldg. Age 62	Current Use (Prior if being demolished)
Street Address	Street Address 170 Kinnelon Rd, Suite 32	Telephone No. 973-938-5266	License No. 02003
City, State, Zip Code	City, State, Zip Code Kinnelon, NJ 07405	Name of OSHA Monitor Arsenije Adamov	
Project Manager for Monitoring Firm	Telephone No.	Street Address 170 Kinnelon Rd, Suite 32	
Start Date (10) 06/15/2026	Scheduled Completion Date (11) 07/03/2026	City, State, Zip Code Kinnelon, NJ 07405	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
<input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor	

Scope of Work (Check All That Apply)

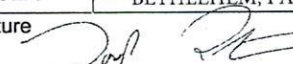
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Entire Home		✓		ACM Sheetrock	5,000 SF	✓			

Name of Registered Waste Hauler Acme Professional Services Corp	NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill
City, State Kinnelon, NJ	Disposal Date 07/06/2026	City, State Morrisville, PA	
Completed by Samantha Zamora	Title Project Coordinator	Signature <i>Samantha Zamora</i>	Date 06/03/2026

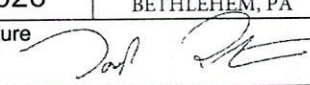
2678

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

Date of Notification (1) 06/03/2026		Name of Building Owner/Operator (2) Luxury Pro Builders		RECEIVED JUN - 8 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 65 Adams St			
		City, State, Zip Code Lakewood, NJ 08701		Name of Contact ASBESTOS LICENSING					
		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 125 E 7th St			Square Feet	# of Floors	Bldg. Age				
City (5) Lakewood			Current Use (Prior if being demolished)						
County (6) Ocean		County Code (7) <small>(STATE USE ONLY)</small>							
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 Lakewood, NJ, 08701						
City, State, Zip Code		Telephone No. 732-719-5649	License No. 1200						
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) 06/12/2026		Scheduled Completion Date (11) 06/15/2026		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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	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 06/15/2026	City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 06/03/2026				

8655

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

Date of Notification (1) 06/02/2026		Name of Building Owner/Operator (2) RECEIVED								
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 113 Crosswicks St								
		City, State, Zip Code Bordentown, NJ, 08505								
		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 113 Crosswicks St		Square Feet	# of Floors							
City (5) Bordentown		Bldg. Age								
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 06/15/2026	Scheduled Completion Date (11) 06/15/2026	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 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	
Interior				Floor Tile	350SF	<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 06/15/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 06/02/2026			

3505

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RECEIVED **Print Form**

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

JUN - 8 2026

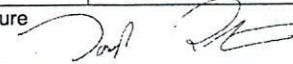
Date of Notification (1) 06/01/26		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 18 Highland Ave City, State, Zip Code Rockaway NJ 07866 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Single fame 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 18 Highland Ave			Square Feet 1400	# of Floors 2	Bldg. Age 64						
City (5) Rockaway NJ		County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a						
Name of Monitoring Firm Hired by Building Owner (8) Iris Labs		ASCM No. _____		Name of Abatement Contractor (9) JCR Management Specialist LLC							
Street Address 2333 US-22			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. 973-494-3762		Telephone No. 7327591871	License No. 02087						
Start Date (10) 06/10/26		Scheduled Completion Date (11) 06/13/26		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: House unoccupied			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"/> 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	
Kitchen 2nd floor				xx	VAT	144sf	xx				
Name of Registered Waste Hauler JCR Management Specialist LLC		NJDEP Waste Hauler ID No. 0041054		Cubic Yards of Waste 1yrs	Name of Registered Landfill TBD						
City, State Neptune Nj				Disposal Date 06/13/26		City, State TBD					
Completed by John Riley			Title Owner		Signature <i>John Riley</i>			Date 06/01/26			

4651

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

RECEIVED

Date of Notification (1) 06/01/2026		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 71 Princess Anne Dr							
		City, State, Zip Code Freehold, NJ, 07728							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)						
Street Address 71 Princess Anne 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) Freehold			Square Feet	# of Floors	Bldg. Age				
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address			Street Address 6 White Dove Court						
City, State, Zip Code			City, State, Zip Code Lakewood, NJ, 08701						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200					
Start Date (10) 06/11/2026		Scheduled Completion Date (11) 06/11/2026		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 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
Interior				Floor Tile	900SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 4	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 06/11/2026	City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 06/01/2026				

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

938

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JUN - 8 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04/06/2026 check # 0938		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 Roy court,								
		City, State, Zip Code Clifton NJ 07012								
		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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 18 Roy Court,		Square Feet 50X50	Bldg. Age 50 +							
City (5) Clifton NJ 07012		# of Floors 2FL								
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) UNOCCUPAID								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC							
Street Address		Street Address 24 Church st								
City, State, Zip Code		City, State, Zip Code Elmwood Park NJ07407								
Project Manager for Monitoring Firm		Telephone No. 2018739418	License No. 01301							
Start Date (10) 04/17/2026	Scheduled Completion Date (11) 04/18/2025	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING 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: 7:30 to 3:30 PM		Street Address 24 Church st								
		City, State, Zip Code Elmwood Park NJ07407								
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	
basement air duct			x	paper insulation	12 lf	x				
Name of Registered Waste Hauler Atlantic carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill Grand Central						
City, State Wayne NJ			Disposal Date TDB	City, State Pen Argyl pa 18072						
Completed by LUIS ARCILA		Title PRESIDENT	Signature 				Date 04/06/2026			

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

866 #586

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

PAID

RECEIVED

Date of Notification (1) 05/27/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 636 Britton St								
		City, State, Zip Code Elizabeth NJ 07202								
		Name of Contact	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		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 636 Britton St		Square Feet 1250	# of Floors 1							
City (5) Elizabeth		Bldg. Age 1919								
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) Abated LLC							
Street Address		Street Address 100-128 Union St, Suite 65								
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202								
Project Manager for Monitoring Firm		Telephone No. 908-372-8375	License No. 02019							
Start Date (10) 06/06/2026	Scheduled Completion Date (11) 06/10/2026	Name of OSHA Monitor Ryan J Passos								
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 100-128 Union St, Suite 65								
		City, State, Zip Code Elizabeth NJ 07202								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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	
Exterior			X	Asbestos Siding	1,000 SF	X				
Name of Registered Waste Hauler Abated LLC		NJDEP Waste Hauler ID No. 00388720	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Hills (W-11)						
City, State Elizabeth NJ		Disposal Date 06/10/2026		City, State Morrisville PA						
Completed by Ryan J Passos		Title President	Signature 				Date 05/27/2026			

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

2070



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

CHECK # 2070
 RECEIVED

Date of Notification (1) 05/25/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 319 NORTH NEWTOWN LAKE DRIVE							
		City, State, Zip Code COLLINGSWOOD NJ 08108							
		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 319 N. NEWTOWN LAKE DRIVE			Square Feet 1702	# of Floors 1.5	Bldg. Age 86				
City (5) COLLINGSWOOD		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL					
County (6) CAMDEN		Name of Monitoring Firm Hired by Building Owner (8) SEM		ASCM No.					
Name of Monitoring Firm Hired by Building Owner (8) SEM		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. 609-868-3544		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 06/04/2026		Scheduled Completion Date (11) 06/06/2026		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 RT. 130 NORTH						
			City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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
GARAGE-BASEMENT-CS			X	PIPE INSULATION	95 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 06	Name of Registered Landfill MINERVA LANDFILL				
City, State MULLICA HILL NJ		Disposal Date 06/06/2026		City, State WAYNESBURG OH					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Russell Swanson</i>		Date 05/25/2026			

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

1130



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

RECEIVED

Date of Notification (1) 05/27/2026		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial			566 Barnett Place					
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended			City, State, Zip Code					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #			Ridgewood, NJ 07450					
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)			Name of Contact					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address 566 Barnett Place			<input type="checkbox"/> School (K-12)						
City (5) Ridgewood			<input type="checkbox"/> Subchapter 8 (Other than K-12)						
County (6) Bergen			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County Code (7) (STATE USE ONLY)		County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age				
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		City, State, Zip Code South Orange, NJ 07079	Street Address 27 Outwater Lane	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) 06/06/2026		Scheduled Completion Date (11) 06/30/2026		Name of OSHA Monitor A. Seine Lighthouse Solutions					
Occupancy Status During Abatement (Check Only One)			Street Address PO Box 354						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code South Orange, NJ 07079						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> 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			X	Pipe Insulation	100 LF	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 05/27/2026				

JUN 5 2026

ASBESTOS CONTROL & LICENSING

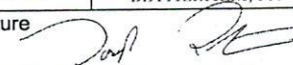
* Do not use this form for asbestos licensure exempted activities.

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

0649

JUN - 5 2026

Date of Notification (1) 05/28/2026		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Highland Ave							
		City, State, Zip Code Maplewood, NJ, 07040							
		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 40 Highland Ave		Square Feet	# of Floors						
City (5) Maplewood		Bldg. Age							
County (6) Essex	County Code (7) <i>(STATE USE ONLY)</i>	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) 06/10/2026	Scheduled Completion Date (11) 06/10/2026	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Abatement Type					
	Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Interior				Pipe Insulation	15LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 06/10/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 05/28/2026			

50353

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

Date of Notification (1) 05 / 26 / 26		Name of Building Owner/Operator (2) AVM Properties, 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 366 Walnut Street	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact	Telephone Number

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50353

JUN - 1 2006

CONTROL & LICENSING

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 228 Cypress Drive		Square Feet 1500	# of Floors 2
City (5) Bayville		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) 06 / 05 / 26	Scheduled Completion Date (11) 06 / 08 / 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	1800 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 06/08/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/26/26

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

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

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Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 93 Leo Street	
		City, State, Zip Code Edison, NJ 08817	
		Name of Contact	Telephone Number

JUN - 1 2026

ASBESTOS CONTROL & LICENSING


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 93 Leo Street		Square Feet 900	# of Floors 2
City (5) Edison		Bldg. Age 74 Years	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) GLS Inspections LLC		ASCM No.	Name of Abatement Contractor (9) Green Team Contracting
Street Address 41-15 Elaine Terrace		Street Address 100 Louis Street	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code South Hackensack, NJ 07606	
Project Manager for Monitoring Firm Gabriel Silberman		Telephone No. 201-988-1995	Telephone No. 551-393-0960
		License No. 02119	
Start Date (10) 06/05/2026	Scheduled Completion Date (11) 06/19/2026		Name of OSHA Monitor GLS Inspections LLC
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41-15 Elaine Terrace	
		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 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	Vinyl Tiles	116SF	X			

Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. BIC-1323	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill	
City, State Elizabeth, NJ		Disposal Date 05/15/2026	City, State Pen Argyl, PA		
Completed by Carlo Limongi		Title Owner	Signature 	Date 05/26/2026	

1296

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

Check# 1296

Date of Notification (1) **06/02/2026** Name of Building Owner/Operator (2) **PAID** **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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	29 Fairlawn Street City, State, Zip Code Ho-Ho-Kus, NJ 07423 Name of Contact _____ Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Private house** Type of Facility (4)

Street Address **29 Fairlawn Street** School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

City (5) **Ho-Ho-Kus, NJ 07423** Square Feet _____ # of Floors _____ Bldg. Age _____

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

Name of Monitoring Firm Hired by Building Owner (8) _____ 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) **06/11/2026** Scheduled Completion Date (11) **06/12/2026** Name of OSHA Monitor **Envirovision Consultants, Inc**

Occupancy Status During Abatement (Check Only One)

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

Street Address **20-21 Wagaraw Road, Bldg.# 35 E**

City, State, Zip Code **Fair Lawn, NJ 07410**

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf Renovation
 ≥160 sf or ≥260 lf Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	75 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 **06/02/2026**

2071



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

CHECK # 2071

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JUN - 2 2026

Date of Notification (1) 05/28/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 10 BAYBERRY LANE	City, State, Zip Code WILLINGBORO NJ 08046
<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	Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)	
Street Address 10 BAYBERRY LANE		<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) WILLINGBORO	Square Feet 1987	# of Floors 2	Bldg. Age 67
County (6) BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP INC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address PO BOX 316		Street Address 570 CLEMS RUN	
City, State, Zip Code THOROFARE NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm DAVID FLANNIGAN		Telephone No. 609-221-4660	Telephone No. 610-304-4676
Start Date (10) 06/08/2026		Scheduled Completion Date (11) 07/02/2026	Name of OSHA Monitor EMSL
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: RESIDENTIAL-ABATEMENT AREA CLOSED OFF		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
<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	FLOOR TILE	344 SF	X			
2ND FLOOR			X	FLOOR TILE	447 SF	X			

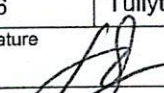
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 08	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 07/02/2026		City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>		Date 05/28/2026

004742

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

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JUN - 2 2026

Date of Notification (1) 05-27-26		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 25 Orchard Dr.							
		City, State, Zip Code Upper Saddle River, NJ 07458							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 25 Orchard Dr.		Square Feet	# of Floors 1						
City (5) Upper Saddle River		Bldg. Age							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908 576-7646						
			License No. 01206						
Start Date (10) 06-05-26		Scheduled Completion Date (11) 06-08-26							
Name of OSHA Monitor Delfa 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 1119 East Grand St.							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	100 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ		Disposal Date 06-08-26		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 05-27-26		

1934

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

chk # 1934
RECEIVED

Date of Notification (1) 5/27/2026		Name of Building Owner/Operator (2) 1634 Mildred Ave.	
Agencies Notified	Type Notification	Street Address 1634 Mildred Ave.	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Linden, NJ 07036	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number ASBESTOS LICENSING

JUN - 2 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)	
Street Address 1634 Mildred 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) Linden, NJ 07036	Square Feet 936	# of Floors 2	Bldg. Age 1942
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) 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) 6/6/2026	Scheduled Completion Date (11) 6/9/2026	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 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 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	150 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 5/27/2026

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

5620

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

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JUN - 1 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) MCEF							
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 496 East County Line Rd							
		City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <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 202 Ridge Ave		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. 732-719-5649	License No. 1200						
Start Date (10) 06/05/2026	Scheduled Completion Date (11) 06/08/2026	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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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 TESI					
City, State Lakewood, NJ		Disposal Date 06/08/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 05/26/2026				



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

RECEIVED

Date of Notification (1) 5-28-26		Name of Building Owner/Operator (2) 80-BOYD REALTY LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 69-LAIDLAW AVE.	
		City, State, Zip Code JERSEY CITY	
		Name of Contact	Telephone Number

JUN - 2 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 69-LAIDLAW AVE,		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) JERSEY CITY	Square Feet 1500	# of Floors 1	Bldg. Age +50
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) DINAGO ENTERPRISES, LLC.	
Street Address		Street Address 203-RYAN ST.	
City, State, Zip Code		City, State, Zip Code HILLSIDE, NJ 07205	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-341-0776	License No. 01240
Start Date (10) 6-6-26	Scheduled Completion Date (11)	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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
SIDING		x		TRANSITE	569SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 04516	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
City, State 623-Dowd Ave. Elizabeth, NJ 07201		Disposal Date	City, State Morrisville, PA.
Completed by CARLOS GOMES	Title PRESIDENT	Signature 	Date 5-28-26

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

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

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MAY 28 2026

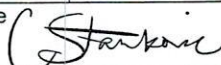
Date of Notification (1) 05/11/2026		Name of Building Owner/Operator (2) Bella Contraction Services LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3806 Bergen Turnpike						
		City, State, Zip Code Union City NJ 07087						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 3806 Bergen Turnpike		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 3806 Bergen Turnpike		Square Feet	# of Floors					
City (5) Union City NJ 07087		Bldg. Age						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) E & V Services LLC					
Street Address		Street Address 711 Sip Street						
City, State, Zip Code		City, State, Zip Code Union City NJ 07087						
Project Manager for Monitoring Firm		Telephone No. 201-875-7290	License No. 02053					
Start Date (10) 05/11/2026	Scheduled Completion Date (11) 05/22/2026	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: _____		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) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2020 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
EXTERIOR		X		Remote Decan	X			
Name of Registered Waste Hauler TRISTATE TRANSFER INC		NJDEP Waste Hauler ID No. 24-1129	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES LLC				
City, State BRONX NY 10474		Disposal Date		City, State WAYNESBURG OH 44688				
Completed by Angel Penaherrera		Title Owner	Signature 		Date 05/11/2026			

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NO
6/15/2006/2

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

RECEIVED

Date of Notification (1) 4/13/26		Name of Building Owner/Operator (2)		MAY 27 2026 ASBESTOS CONTROL LICENSING					
Agencies Notified	Type Notification	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	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	523 Hollywood Ave City, State, Zip Code Toms River NJ Name of Contact _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) residence			Type of Facility (4)						
Street Address 523 Hollywood 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) Toms River		Square Feet 1,582	# of Floors 2	Bldg. Age 1961					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address			Street Address						
City, State, Zip Code			City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
Start Date (10) 4/14/2026		Scheduled Completion Date (11) 04/20/2026	Name of OSHA Monitor Checkmark Industrial						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input 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 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		vinyl asbestos tile	170 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Wayne NJ		Disposal Date	City, State Pen Argyl, PA						
Completed by Corey Stankovic		Title CEO	Signature 		Date 04/14/2026				

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

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 417 3rd st	
		City, State, Zip Code Carlstadt NJ 07072	
		Name of Contact ASE	Telephone Number ICENSING

MAY 28 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 417 3rd st		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) Carlstadt NJ 07072		Square Feet	# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) E & V Services LLC	
Street Address		Street Address 711 Sip Street		
City, State, Zip Code		City, State, Zip Code Union City NJ 07087		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-875-7290	License No. 02053
Start Date (10) 06/08/2026	Scheduled Completion Date (11) 06/18/2026	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: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		TRANSITE	820 SF	X			

Name of Registered Waste Hauler TRISTATE TRANSFER INC		NJDEP Waste Hauler ID No. 24-1129	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES LLC	
City, State BRONX NY 10474		Disposal Date		City, State WAYNESBURG OH 44688	
Completed by Angel Penaherrera		Title Owner	Signature 		Date 05/26/2026

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

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State Of New Jersey

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

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MAY 28 2026

ASBESTOS CONTROL & LICENSING

Date of Notification: 04/28/26		Name of Building owner							
Agency Notified EPA DEP X DOL X DOH	Type Notification X Initial Amended Emergency (including Justification) Extended	street Address: 110 New York Ave							
		City, State, Zip Bergenfield NJ 07621							
		Name of Contact:	PHONE						
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X residential							
Street Address 110 New York Ave		Square Feet 2000	# of Floors 02						
City Bergenfield		Bldg. Age 45							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC						
Street		Street Address: 269 Walker St. Apt 6							
City, State, Zip		City, State, Zip Code Fairview, NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-641-5400	License No 02044						
Start Date 05/07/26	Scheduled completion Date 05/14/26	Name of OSHA firm Metro Analytical Laboratories							
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 255 W 36 th St							
Other		City, State, Zip Code New York NY 10018							
Scope of Work (Check all apply) > 3 sf or > 3 x xx > 160 sf or > 260 lf		X Full Containment with Negative Pressure Mini Closure Glovebag Procedure X Renovation Demolition Non - Exempted (*) and Non-Friable procedure							
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Ye s	No	N/ A			Removal	Repair	Encapsulate	Enclosure
Basement floor tile		X		VAT	500 SF	X			
Basement mastic non ACM					500 SF				
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield Blythe Towns LF Brads 1061 Burma Rd					
City, State Riverdale, NJ		Disposal Date 05/21/26		City New Philadelphia, PA 17959					
Completed by Gustavo Ordon	Title President	Signature 			04/27/26				

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

RECEIVED

*2500
 Retn. Carless*

Date of Notification (1) 06/03/26		Name of Building Owner/Operator (2) JUN - 8 2026	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 38 East Ave	
		City, State, Zip Code Atlantic Highlands NJ 07716	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single fame 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 38 East Ave		Square Feet 886	# of Floors 1
City (5) Atlantic Highlands NJ 07716		Bldg. Age 86	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a	
Name of Monitoring Firm Hired by Building Owner (8) Iris Labs		ASCM No.	Name of Abatement Contractor (9) JCR Management Specialist LLC
Street Address 2333 US-22		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. 973-494-3762	Telephone No. 7327591871
		License No. 02087	
Start Date (10) 06/13/26	Scheduled Completion Date (11) 06/16/26	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>House unoccupied</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"/> 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
Exterior			xx	Transit Siding	886sf	xx			

Name of Registered Waste Hauler JCR Management Specialist LLC		NJDEP Waste Hauler ID No. 0041054	Cubic Yards of Waste 3yds	Name of Registered Landfill TBD	
City, State Neptune Nj		Disposal Date 06/13/26		City, State TBD	
Completed by John Riley		Title Owner	Signature <i>John Riley</i>		Date 06/03/26

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

1999

Date of Notification (1)
 04/20/2026 CHECH #0944

Name of Building Owner/Operator (2)
 RECEIVED

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
 33 SMALLEY TERRACE

City, State, Zip Code
 IRVINGTON, NJ 07111

Name of Contact
 ASBESTOS CONTROL & LICENSING

Telephone Number

FACILITY INFORMATION

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

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

Street Address
 33 SMALLEY TERRACE

City (5)
 IRVINGTON, NJ 07111

Square Feet
 50X100

of Floors
 2 FL

Bldg. Age
 50 +

County (6)
 ESSEX

County Code (7)
 (STATE USE ONLY) _____

Current Use (Prior if being demolished)
 OCCUPAID

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
 ALL SOLUTIONS CONTRACTING

Street Address
 24 CHURCH ST

City, State, Zip Code
 ELMWOOD PARK NJ 07407

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
 2018739418

License No.
 01301

Start Date (10)
 04/28/2026

Scheduled Completion Date (11)
 04/29/2026

Name of OSHA Monitor
 ALL SOLUTIONS CONTRACTING

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: 7:30 TO 4:30PM

Street Address
 24 CHURCH ST

City, State, Zip Code
 ELMWOOD PARK NJ 07407

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

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

Name of Registered Waste Hauler
 ATLANTIC CARTING

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
 TDB

Name of Registered Landfill
 GRAND CENTRAL

City, State
 WAYNE NJ

Disposal Date
 TDB

City, State
 PEN ARGYL PA 18072

Completed by
 LUIS ARCILA

Title
 PRESIDENT

Signature

Date
 04/19/2026

0937

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

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JUN - 8 2026
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ASBESTOS CONTROL & LICENSING
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04/06/2026 check # 0937		Name of Building Owner/Operator (2) Lorenzo construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 crescent way	
		City, State, Zip Code Fort Lee NJ 07424	
		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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 7 crescent way		Square Feet 50X100	# of Floors 2FL	Bldg. Age 50 +
City (5) Fort Lee NJ 07424	County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) UNOCCUPAID	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC	
Street Address		Street Address 24 Church st		
City, State, Zip Code		City, State, Zip Code Elmwood Park NJ07407		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 2018739418	License No. 01301
Start Date (10) 04/15/2026	Scheduled Completion Date (11) 04/16/2025	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING 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: 7:30 to 3:30 PM		Street Address 24 Church st		
		City, State, Zip Code Elmwood Park NJ07407		

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
roof left porch			X	transite roof	180sf	X			
front roof			X	terracota	20 sf	X			

Name of Registered Waste Hauler Atlantic carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill Grand Central	
City, State Wayne NJ		Disposal Date TDB		City, State Pen Argyl pa 18072	
Completed by LUIS ARCILA		Title PRESIDENT	Signature 	Date 04/06/2026	

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

1970

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) 5/27/2026		Name of Building Owner/Operator Haddon Heights Municipal Building		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 625 Station Avenue		City, State, Zip Code Haddon Heights NJ 08035		
Name of Contact Mike Chaine		Telephone Number 732-921-9223		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Haddon Heights Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings., homes, etc.)		
Street Address 625 Station Avenue		Sq. Feet: Approximately 40,000 SF # of Floors: 2 Bldg. Age: 60 Current Use (prior if being demolished):		
City (5) Haddon Heights	County (6) Camden	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner Health & Safety Services Inc		ASCM No. 117	Name of Contractor (9) BL Contracting Inc.	
PoBox 365		Street Address 5 Marguerite Lane		
Berlin NJ 08009		City State, Zip Code Towaco NJ 07082		
Project Manager for Monitoring Firm James J. Proctor	856-452-1311	Telephone Number 973-901-0153	License Number 01265	
Scheduled Start Date (10) 6/08/2026	Scheduled Completion Date 6/19/2026	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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Facility occupied During Abatement <input checked="" type="checkbox"/> Other - Describe: Monday- Saturday 7 am- 4pm		Street Address 5 Marguerite Lane		
		City, State, Zip Code Towaco NJ 07082		
Source of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Wrap & Cut Procedure <input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Tent & Glove-bag Procedure <input 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
Auditorium	<input checked="" type="checkbox"/>	Floor Tile and Mastic	2000 SF	
Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 10	Name of Registered Landfill T.R.R..F	
Disposal Date 6/25/2026			City, State Tully town, PA	
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature <i>Nedo Vasilic</i>	Date 5/27/2026	

2100

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

✓ #2100

Date of Notification (1) <u>05</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) Meli Corp	
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 51 Cleveland Street	
		City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact Nicco Meli	Telephone Number 201-995-3070

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Apartment 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 51 Cleveland Street		Square Feet 25000	# of Floors 6 +
City (5) Montclair, NJ 07042		Bldg. Age 50+	
County (6) EEssex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 176 Saddle River Avenue	
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	License No. 00156

Start Date (10) <u>06</u> / <u>08</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>13</u> / <u>26</u>	Name of OSHA Monitor Asbestos Analytical Labs	
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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: 8:00 AM-4:30 PM AM	Street Address 51 Gage Road
	City, State, Zip Code East Brunswick, NJ 08816

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input 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
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	250 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 Century Waste Services, LLC	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 8 Yards	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ	Disposal Date 06-30-2026	City, State Pen Argyl, PA 08072	
Completed By (Print or Type) Ralph Barnhardt	Title Sr. Project Manager	Signature 	Date 05-29-2026

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

4658

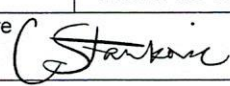
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

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CHECK # 4658

Date of Notification (1) <u>6</u> / <u>1</u> / <u>26</u>		Name of Building Owner/Operator (2) County Of Union NJ		JUN - 5 2026				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" 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 1-49 Elizabethtown Plaza		ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code Elizabeth, NJ 07202		Name of Contact Jim Frisbee (Owners Consultant)				
		Telephone Number 609-203-3114						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse Annex			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2 Broad Street			Square Feet	# of Floors	Bldg. Age			
City (5) Elizabeth			Current Use (Prior if being demolished) Under Renovation					
County (6) Union		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No. 00149	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address PO Box 869		Street Address 1123 BEAVER STREET						
City, State, Zip Code Levittown PA 19058		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-203-3114	Telephone No. 215-788-6040	License No. 02121				
Start Date (10) <u>6</u> / <u>2</u> / <u>26</u>		Scheduled Completion Date (11) <u>6</u> / <u>19</u> / <u>26</u>		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-5:00PM</u> / <u> </u> PM - <u> </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"/> ≥ 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
Holding Cells 5023 & 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Spline Ceiling	168 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Holding Cell 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fireproofing	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Holding Cells 5023 & 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fireproofing Overspray	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill				
City, State Freehold NJ		Disposal Date TBD		City, State Morgantown, PA				
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dellan DeCaro</i>		Date <u>10/1/26</u>				

1081

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

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) AGN DONUTS-1 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 320 CHESTNUT STREET							
		City, State, Zip Code UNION NJ							
		Name of Contact ANTHONY D'AMORE	Telephone Number 908-324-4956						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DUNKIN		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 320 CHESTNUT STREET		Square Feet 1500	# of Floors 1						
City (5) UNION		Bldg. Age 1960							
County (6) UNION	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. 973-570-2645	License No. 01334						
Start Date (10) 6/5/2026	Scheduled Completion Date (11) 6/10/2026	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 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
ATTIC		X		FLASHING MATERIAL	150 SF	X			
ENTRY DOOR		X		DOOR CAULK	20 LF	X			
Name of Registered Waste Hauler WESTPHAL		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill FAIRLESS					
City, State RIDGEFIELD PARK NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Corey Stankovic		Title CEO	Signature 			Date 5/22/26			

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JUN - 4 2026

ASBESTOS CONTROL & LICENSING

1868

**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>01</u> / <u>06</u> / <u>26</u>		Name of Building Owner/Operator (2) GLOBAL CHARTER SCHOOL		CHECK#4868 JUN - 5 2026
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 255 Congress Street		
		City, State, Zip Code Jersey City, NJ 07307		
		Name of Contact		Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Global Charter School		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 255 Congress Street			
City (5) Jersey City		Square Feet 70,000	# of Floors 3
County (6) HUDSON		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) -		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation
Street Address		Street Address 530 Church Street- Suite 6	
City, State, Zip Code		City, State, Zip Code Ridgefield, NJ 07657	
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074
Start Date (10) <u>06</u> / <u>10</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>15</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: <u>AM-3:30PM</u> / <u>PM-</u> <u>AM</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9x9 lose floor tile-no mastic-	780 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 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 <u>06/01/2026</u>	

17967

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

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17967

Date of Notification (1) 5 / 29 / 26		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		Job # 2604-6568	Check # 17967
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Cold Soil Rd.			
		City, State, Zip Code Princeton, NJ 08540			
		Name of Contact James Johnson		Telephone Number 724-422-8815	

JUN - 8 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Williams/Transco NJ Tpk. Exit 5		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 1626 Burlington Jacksonville Road		Square Feet	# of Floors
City (5) Burlington		Bldg. Age	
County (6) Burlington	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) 6 / 8 / 26	Scheduled Completion Date (11) 6 / 9 / 26	Name of OSHA Monitor IATL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address 9000 Commerce Parkway Suite B	
		City, State, Zip Code Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

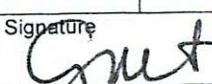
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap- 16" Line	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"/>
	<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 6/9/26	City, State Morrisville, PA 19067
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 5-29-26

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

17969

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

Date of Notification (1) <u>5</u> / <u>22</u> / <u>26</u>		Name of Building Owner/Operator (2) PSE&G / Job #2604-6573		Check #17964					
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 # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road						
			City, State, Zip Code South Plainfield, NJ						
			Name of Contact Kelsey DuBois						
		Telephone Number 908-328-4248							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Fairview Substation			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 42 Bergenwood Road			Square Feet	# of Floors	Bldg. Age				
City (5) Fairview									
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation					
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	Telephone No. 609-265-2107		License No. 00529				
Start Date (10) <u>5</u> / <u>22</u> / <u>26</u>		Scheduled Completion Date (11) <u>6</u> / <u>5</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 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 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
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"/>
Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 6/5/26	City, State Morrisville, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 					
				Date 5-22-26					

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

17965

RECEIVED

JUN - 8 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>5</u> / <u>26</u> / <u>26</u>		Name of Building Owner/Operator (2) PSEG / Job #2502-6397		Check # 17965
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>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road		
		City, State, Zip Code South Plainfield, NJ		
		Name of Contact Scott Penn		Telephone Number 201-638-1684

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Central Avenue Substation		Type of Facility (4) <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 157 S 14th Street		Square Feet	# of Floors	Bldg. Age
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation	

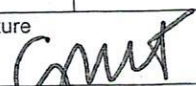
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048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

Start Date (10) <u>5</u> / <u>27</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor IATL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>9</u> PM/____PM-____AM		Street Address 9000 Commerce Pkwy. Suite B		
		City, State, Zip Code Mount Laurel, NJ 08054		

Scope of Work (Check all that apply)

<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 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
Vault Circuit 4020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable Sock Insulation	2,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Green Wall Paint	105 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 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 6/30/26	City, State Morrisville, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 5-26-26	

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

Check # 10322

GAC Project # 060-26

Date of Notification (1) June 3, 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) JOHNSON APARTMENTS, BLDG# 3737		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 BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC RESIDENCE
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) 06/15/2026	Scheduled Completion Date (11) 06/19/2026	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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 12PM - 9PM 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) Apt #870	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 570 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: 10 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 6/19/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 3, 2026

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

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

18007



RECEIVED

JUN - 8 2026

ASBESTOS CENSURE LICENSING
Telephone Number
856-869-7700

Date of Notification (1) 6 / 2 / 26		Name of Building Owner/Operator (2) Haddon Township School District Job #2506-6453 Check #18007	
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 500 Rhoads Avenue	
		City, State, Zip Code Westmont, NJ 08108	
		Name of Contact Business Administration	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Haddon Township HS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 406 Memorial Avenue		Square Feet	# of Floors
City (5) Westmont, NJ 08108		Bldg. Age	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 80 Fork Bridge Road		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Pittsgrove, NJ 08318		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 6 / 22 / 26	Scheduled Completion Date (11) 6 / 25 / 26	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 9000 Commerce Parkway	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Art Room #11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sink Insulation	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art Room #15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 6/25/26	City, State Morrisville, PA		
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature 		Date 6-2-26	

18005

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

RECEIVED

Date of Notification (1) <u>6</u> / <u>1</u> / <u>26</u>		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2605-6582 Check #18005	
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 132 Thomas Street	
		City, State, Zip Code Cranford, NJ 07016	
		Name of Contact Business Administration	Telephone Number 908-272-9100

JUN - 8 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hillside Avenue 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 125 Hillside Avenue		Square Feet	# of Floors
City (5) Cranford		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) EnviroVision Consultants, Inc.	ASCM No. 00079	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 20-21 Wagaraw Rd. Bldg. 35E		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Frederick Lawson	Telephone No. 973-636-9145	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>6</u> / <u>25</u> / <u>26</u>	Scheduled Completion Date (11) <u>7</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 9000 Commerce Parkway	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure <i>Wrap & cut</i>
		<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
Rooms 44 through 45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	67 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closet, Media Center, Room 44D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	3,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 7/9/26	City, State Morrisville, PA
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coord.	Signature <i>Gwen Trumbetti</i>	Date 6-1-26

10361

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

Date of Notification (1) <u>05</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) ADL Demo Cleanup Hauling, 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 817	
		City, State, Zip Code Holmdel, NJ 07733	
		Name of Contact Dan	Telephone Number 732-865-5630

RESUBMITS

JUN - 1 2026

ASBESTOS LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 200 Atlantic City Blvd.		Square Feet 2500	# of Floors 1
City (5) South Toms River		Bldg. Age 80	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Building	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>04</u> / <u>02</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>12</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

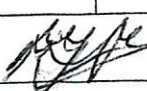
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-Bldg 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior-Bldg 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	80 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-Bldg 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite panels	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill.
City, State Toms River, New Jersey		Disposal Date 06/12/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/29/26

0203

State Of New Jersey

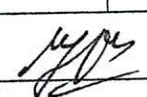
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification: 04/17/26		Name of Building owner JB Construction Inc					
Agency Notified x EPA x DEP X DOL X DOH	Type Notification X Initial Amended Emergency (including Justification) Extended	Street Address: 516 Schuyler Ave					
		City, State, Zip Kearny NJ 07037					
		Name of Contact: Joe	PHONE MAY 28 2026 201 927 6115				
Name of Facility Where Abatement is Taking Place Storage		Type of Facility (4) School (K-12) ASBESTOS CONTROL & LICENSING Subchapter 8 (Other than (K-12) X commercial					
Street Address 760-762 south 16 St		Square Feet 2000	# of Floors 02				
City Newark NJ 07103		Bldg. Age 45					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC				
Street		Street Address: 269 Walker St. Apt 6					
City, State, Zip		City, State, Zip Code Fairview, NJ 07022					
Project Manager for Monitoring Fir	Telephone No.	Telephone No. 973-641-5400	License No 02044				
Start Date 04/26/26	Scheduled completion Data 05/02/26	Name of OSHA firm Emsl Analytical inc					
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5					
Other		City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non - Exempted (*) and Non- Friable procedure					
Location of	Is Location Normally	Description of	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12) Ye s	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)					
Roofing	No X	/ACM	1,500 SF	X			
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Huler 20785	Cubic Yards of Waste TBD	Name of Registered Landfield Blythe towns LF Brads 1061 Burma Rd			
City, State Riverdale NJ		Disposal Date 05/07/27	City New Philadelphia PA 17959				
Completed by Gustavo Ordon	Title President	Signature 		04/17/26			

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

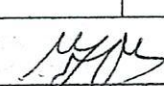
Date of Notification: 04/29/26		Name of Building owner Rust Oleum		RECEIVED					
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial X Amended Emergency (including Justification) Extended	Street Address: 173 Belmont Drive		MAY 28 2026					
		City, State, Zip Somerset NJ 08873							
		Name of Contact: Ryan	PHONE 224 275 1656						
Name of Facility Where Abatement is Taking Place Building			Type of Facility (4) ASBESTOS CONTROL & LICENSING School (K-12) Subchapter 8 (Other than (K-12)) X commercial						
Street Address 173 Belmont Drive									
City Somerset NJ		Square Feet 2000	# of Floors 02	Bldg. Age 45					
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC						
Street		Street Address: 269 Walker St. Apt 6							
City, State, Zip		City, State, Zip Code Fairview, NJ 07022							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-641-5400		License No 02044				
Start Date 04/29/26	Scheduled completion Date 05/04/26		Name of OSHA firm Emsl Analytical Inc						
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours			Street Address 1056 Stelton Rd state 5						
			City, State, Zip Code Piscataway						
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure						
Location of		Is Location Normally		Description of		Abatement Type			
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Enclosure	
								Removal	
		Ye	No	N/A					
		s	X	A	1,580 SF		X		
First floor mastic					1,580 SF				
First floor, floor tile non ACM									
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield Blythe Towns LF Brads 1061 Burma Rd			
City, State Riverdale, NJ		Disposal Date 05/07/26		City New Philadelphia, PA 17959					
Completed by Gustavo Ordon		Title President		Signature 		04/29/26			

021

State Of New Jersey

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

RECEIVED

Date of Notification: 04/27/26		Name of Building owner Encon Mechanical Corporation					
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification <input checked="" type="checkbox"/> Initial Amended Emergency (including Justification) Extended	Street Address: Po box 2293					
		City, State, Zip Asbury Park NJ 07712-2293					
		Name of Contact: Encon Mechanical Corporation	PHONE 732 922 1305				
Name of Facility Where Abatement is Taking Place Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> commercial					
Street Address 550 Broad St		Square Feet 2000	# of Floors 02				
City Newark NJ		Bldg. Age 45					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC				
Street		Street Address: 269 Walker St. Apt 6					
City, State, Zip		City, State, Zip Code Fairview, NJ 07022					
Project Manager for Monitoring Fir	Telephone No.	Telephone No. 973-641-5400	License No 02044				
Start Date 05/06/26	Scheduled completion Data 05/11/26	Name of OSHA firm Emsl Analytical inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5					
Other		City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check all apply) <input checked="" type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure					
<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
Location of	Is Location Normally	Description of	Abatement Type				
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Ye s						
Basement pipe insulation	<input checked="" type="checkbox"/>	Thermal systems insulation	15 LF	<input checked="" type="checkbox"/>			
Name of registered Waste Hauler Rovic Transport		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield Blythe Towns LF Brads 1061 Burma Rd			
City, State Riverdale, NJ		Disposal Date 05/21/26	City New Philadelphia, PA 17959				
Completed by Gustavo Ordon	Title President	Signature 		04/27/26			

ASBESTOS CONTROL & LICENSING

Asck

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

RECEIVED

Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) AJAX Management Group								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Hamilton Avenue, Suite 101								
		City, State, Zip Code Trenton, NJ								
		Name of Contact Daniel Brenna	Telephone Number 609-656-8300							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 25 South Montgomery		Square Feet 80,000	# of Floors 7							
City (5) Trenton		Bldg. Age 65								
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building								
Name of Monitoring Firm Hired by Building Owner (8) FINOG ENVIRONMENTAL INC		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC							
Street Address 617 Stokes Road , Suite 4-318		Street Address 958 Jackson Rd								
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Mays landing, NJ 08330								
Project Manager for Monitoring Firm Mark Rubnitz	Telephone No. 1-888-715-2211	Telephone No. 609-547-5198	License No. 01158							
Start Date (10) 05/30/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor Graham-Tech Environmental Service, 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 958 Jackson Rd								
		City, State, Zip Code Mays Landing, NJ 08330								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 South Side			X	Asbestos Pipe Riser	15Lft	X				
Second Floor South Side			X	Asbestos Pipe Riser	16Lft	X				
Third Floor South Side			X	Asbestos Pipe Riser	16Lft	X				
Forth Floor South Side			X	Asbestos Pipe Riser	14Lft	X				
Name of Registered Waste Hauler Graham Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 20Yard	Name of Registered Landfill Fairless Hills Landfill						
City, State Mays Landing, NJ 08330			Disposal Date	City, State Morrisville, PA 19067						
Completed by Vernice Graham		Title <i>Spence</i>	Signature <i>Vernice Graham</i>			Date 06/04/2026				

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

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Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) AJAX Management Group	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 Hamilton Avenue, Suite 101 City, State, Zip Code Trenton, NJ
	Name of Contact Daniel Brenna		Telephone Number 609-656-8300

JUN - 9 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 25 South Montgomery		Square Feet 80,000	# of Floors 7
City (5) Trenton		Bldg. Age 65	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8) FINOG ENVIRONMENTAL INC		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC
Street Address 617 Stokes Road , Suite 4-318		Street Address 958 Jackson Rd	
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Mays landing, NJ 08330	
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 609-547-5198
License No. 01158		Name of OSHA Monitor Graham-Tech Environmental Service, LLC	
Start Date (10) 05/30/2026	Scheduled Completion Date (11) 06/30/2026	Street Address 958 Jackson Rd	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Mays Landing, NJ 08330	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Fifth Floor South Side			X	Asbestos Pipe Riser	12 Lft	X			
Sixth Floor South Side			x	Asbestos Pipe Riser	10Lft	x			
Seventh Floor South Side			X	Asbestos Pipe Riser	6Lft	x			

Name of Registered Waste Hauler Graham Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 20Yard	Name of Registered Landfill Fairless Hills Landfill	
City, State Mays Landing, NJ 08330		Disposal Date		City, State Morrisville, PA 19067	
Completed by Vernice Graham		Title Spence	Signature <i>[Signature]</i>		Date 05/21/2026

1325

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

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Print Form

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JUN - 1 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 21, 2026		Name of Building Owner/Operator (2) Ted Kantor, Patriots Way Urban Renewal, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Church Mall	
		City, State, Zip Code Springfield, NJ 0708	
		Name of Contact Ted Kantor	Telephone Number (732) 239-7647

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Nursery green 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 2100 Lamberts Mill Road,		Square Feet N/A	# of Floors N/A
City (5) Springfield, NJ 07081		Bldg. Age N/A	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) 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.	Telephone No. 973-345-8685	License No. 02097

Start Date (10) 06/01/2026	Scheduled Completion Date (11) 06/14/2026	Name of OSHA Monitor D&S Abatement Company 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: 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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Please see attached		x				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 05/21/2026

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

5.0 CONCLUSIONS

Refer to a Site Plan and sampling Locations Drawings for approximate locations of samples collected. Based on our field observation and results of sample analyses, presence of ACM was identified as follows:

Location(s)	ACM or Assumed ACM	Field-Estimated Quantities of ACM
Building 1 - Garden Center		
Closet & Office	9-inch floor tiles (mastic non-ACM)	150 sq. ft.
Exterior	Window Glazing/Putty	1,508 sq. ft. or 126 sq. ft.
Greenhouse 'A'	Window Glazing/Putty	
	Transite Table-Tops	1,040 sq. ft.
Basement & 1 st Floor	TSI Pipe Insulation	3 ln. ft.
Building 2 - Warehouse		
Exterior façade (Garage Door)	Window Glazing/Putty (see Drawings)	127 ln. ft. or 11 sq. ft.
Building 3 - Pole Barn		
Roof perimeter	Roof Flashing	144 sq. ft.
Building 4 - Potting House		
Roof, North	Roofing Material	576 sq. ft.
Exterior Façade & Greenhouses	Window Caulk	204 ln. ft. or 17 sq. ft.
Exterior Façade & Greenhouses	Window Glazing/Putty	3,288 linear feet or 274 sq. ft.
Inside Greenhouses	Transite Table-Tops	1,256 sq. ft.
Building 5 - Barn		
Exterior façade (Inside/outside)	Window Glazing/Putty	216 linear feet or 18 sq. ft.
Roof	Roof Flashing	sq. ft.
Building 6 - Barn Storage		
Presence of ACM not confirmed.		
Building 7 - Garage		
Presence of ACM not confirmed.		

1209



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

RECEIVED

MAY 26 2025

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>05</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) Northbridge Park CO-OP #2605-3541 check#4207	
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 2200 North Central Road	
		City, State, Zip Code Fort Lee NJ 07024	
		Name of Contact Bob Padula	Telephone Number 201-947-5075

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Northbridge Park CO-OP		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 2200 North Central Road		Square Feet 465,480	# of Floors 15
City (5) Fort Lee		Bldg. Age 1965	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential Apartment	

Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 464 Valley Brook Avenue		Street Address 70 Stacy Haines Road Suite 4		
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code Lumberton NJ 08048		
Project Manager for Monitoring Firm Jarred Panecki	Telephone No. 732-552-9615	Telephone No. 609-702-0400	License No. 00862	

Start Date (10) <u>06</u> / <u>08</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>19</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 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 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 40	Name of Registered Landfill Fairless Hills	
City, State Lumberton, NJ		Disposal Date 06/19/2026	City, State Morrisville, PA		
Completed By (Print or Type) Kaysi Gruner	Title Office Admin	Signature 		Date 5/20/24	

SCOPE OF WORK- 2200 North Central Road, Fort Lee NJ

- AMS proposes to provide 30 asbestos tents inclusive of a large tent in lower-level apartment and units or two per unit on 11 floors.
- AMS proposes to remove and dispose of approximately 33 SF of plaster and lathe per floor.
- AMS proposes to remove and dispose of approximately 138 SF of drywall and /or plaster and lathe ceiling in lower-level apartment.
- AMS proposes to remove and dispose of two pipe runs in openings created above.
- AMS proposes to remove and dispose of approximately 2 Elbow fittings with asbestos insulation in 11 units and approximately 5 Elbow fittings with asbestos insulation in lower-level apartment

4135



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

Print Form

Date of Notification (1) 06/01/2026		Name of Building Owner/Operator (2) Township of West Windsor	
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 271 Clarksville Road	
		City, State, Zip Code West Windsor Township, NJ 08550	
		Name of Contact Justin Messercola	Telephone Number 908-561-4243

RECEIVED
JUN 5 2026

ASBESTOS & LICENSING

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 3 Wallace Road		Square Feet	# of Floors
City (5) Princeton Junction		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) 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) 06/10/2026	Scheduled Completion Date (11) 07/10/2026	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 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- Doors			X	Grey exterior remnant door caulk	2 doors	X			
Exterior- Overhead Doors			X	Grey exterior caulk	4 doors	X			
Exterior- Windows			X	Grey exterior window caulk	4 windows	X			
Roof			X	Multi-layered rolled roofing w/silv	2,624 SF	X			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Trenton, NJ			Disposal Date	City, State Morrisville, PA	
Completed by Jacqueline Anello		Title Office Administrator	Signature <i>Jacqueline Anello</i>		Date 06/01/2026

12912

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

PAID

Date of Notification (1) June 1, 2026		Name of Building Owner/Operator (2) Lanxess Corporation	
Agencies Notified	Type Notification	Street Address 1020 King George Post 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 Fords, NJ 08863-2329	
		Name of Contact Ravi Shankar	Telephone Number 732-738-1000

RECEIVED

JUN - 3 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lanxess Corporation		Type of Facility (4)	
Street Address 1020 King George Post 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) Fords	Square Feet 1,000,000	# of Floors 3	Bldg. Age 60+
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Technicians		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 441 E. High Street, #25		Street Address 303 B National Road		
City, State, Zip Code Philadelphia, PA 19144		City, State, Zip Code Exton, PA 19341		
Project Manager for Monitoring Firm Norman Harrison		Telephone No. 215-852-9654	Telephone No. 484-872-8884	License No. 01161

Start Date (10) June 15, 2026	Scheduled Completion Date (11) June 30, 2026	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 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: <u>segregated work areas</u>		City, State, Zip Code Cinnaminson, NJ	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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
See attached									

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill	
City, State Newark, NJ		Disposal Date June 30, 2026		City, State Morrisville, PA	
Completed by Jack Bally	Title Sr. Project Manager	Signature <i>Jack Bally</i>		Date June 1, 2026	

5025-

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

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 HMD 25-218

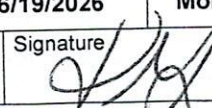
JUN - 2 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/29/2026		Name of Building Owner/Operator (2) Randolph Twp. School District CK#5025											
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 25 Schoolhouse Road										
	City, State, Zip Code Randolph, NJ 07869		Telephone Number 973 361 0808 ext.8227										
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Shongum Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)											
Street Address 9 Arrow Place		Square Feet 75,000 +	# of Floors 1										
City (5) Randolph, NJ 07869		Bldg. Age 60+											
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School											
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC										
Street Address PO Box 385		Street Address 16 Glenwild Ave											
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Bloomingdale, NJ 07403											
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609 652 1883	Telephone No. 973-928-3995										
		License No. 01181											
Start Date (10) 6/16/2026	Scheduled Completion Date (11) 7/20/2026	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied / 7:00 am - 3:30 pm / 24 hrs if necessary		Street Address 16 Glenwild Ave											
		City, State, Zip Code Bloomingdale, NJ 07403											
Scope of Work (Check All That Apply)													
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition											
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 addition													
Name of Registered Waste Hauler Hazmat Diagnostic, LLC				NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Landfill						
City, State Bloomingdale, NJ				Disposal Date TBD		City, State Waynesburg, OH							
Completed by Deni Naumovski				Title President		Signature <i>Deni Naumovski</i>				Date 5/29/2026			

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

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Date of Notification (1) 05 / 20 / 26		Name of Building Owner/Operator (2) Northbridge Park CO-OP #2605-3541 check#4209							
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2200 North Central Road							
		City, State, Zip Code Fort Lee NJ 07024							
		Name of Contact Bob Padula	Telephone Number 201-947-5075						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Northbridge Park CO-OP		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 2200 North Central Road		Square Feet 465,480	# of Floors 15						
City (5) Fort Lee		Bldg. Age 1965							
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential Apartment							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 464 Valley Brook Avenue		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Jarred Panecki		Telephone No. 732-552-9615	Telephone No. 609-702-0400						
		License No. 00862							
Start Date (10) 06 / 01 / 26	Scheduled Completion Date (11) 06 / 19 / 26	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"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 40	Name of Registered Landfill Fairless Hills					
City, State Lumberton, NJ		Disposal Date 06/19/2026		City, State Morrisville, PA					
Completed By (Print or Type) Kaysi Gruner	Title Office Admin	Signature 			Date 5/28/26				

SCOPE OF WORK- 2200 North Central Road, Fort Lee NJ

- AMS proposes to provide 30 asbestos tents inclusive of a large tent in lower-level apartment and units or two per unit on 11 floors.
- AMS proposes to remove and dispose of approximately 33 SF of plaster and lathe per floor.
- AMS proposes to remove and dispose of approximately 138 SF of drywall and /or plaster and lathe ceiling in lower-level apartment.
- AMS proposes to remove and dispose of two pipe runs in openings created above.
- AMS proposes to remove and dispose of approximately 2 Elbow fittings with asbestos insulation in 11 units and approximately 5 Elbow fittings with asbestos insulation in lower-level apartment