

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

Date of Notification (1) 08 / 05 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 172 Handy Street City, State, Zip Code New Brunswick, NJ 08901 Name of Contact _____ Telephone Number 2 2026							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 172 Handy Street		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) New Brunswick		County (6) Middlesex							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Telephone No.		License No.							
Start Date (10) 08 / 05 / 26		Scheduled Completion Date (11) 08 / 08 / 26							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Name of OSHA Monitor Emsl Anatical INC Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥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
Vinyl Sheet Basement	☐	☒	☐	ACM	132 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic trasport		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd				
City, State Riverdale		Disposal Date 08/12/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 		Date 08/05/26			

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

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Date of Notification (1) 08 / 05 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 172 Handy Street							
		City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 172 Handy Street		Square Feet	# of Floors						
City (5) New Brunswick		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC						
Street Address		Street Address 269 walker st apt 6							
City, State, Zip Code		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 05 / 26	Scheduled Completion Date (11) 08 / 08 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: X AM- X PM/____PM-____AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vinyl Sheet Bedroom Second Floor	☐	☒	☐	ACM	132 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic trasport		NJDEP Waste Hauler ID No. 19954	Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd					
City, State Riverdale		Disposal Date 08/12/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner	Signature 			Date 08/05/26			

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

Date of Notification (1) 08 / 06 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 172 Handy Street SEP - 2 2008 City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 172 Handy Street		Square Feet	# of Floors						
City (5) New Brunswick		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) CVK CONTRACTING LLC							
Street Address		Street Address 269 walker st apt 6							
City, State, Zip Code		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 05 / 26	Scheduled Completion Date (11) 08 / 08 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: XAM-XPM/ PM- AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Pipe Insulation Left Side	☐	☒	☐	Thermal Systems Insulation	70 LF	☒	☐	☐	☐
Basement Pipe Insulation Right Side	☐	☒	☐	Thermal Systems Insulation	60 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Rovic trasport		NJDEP Waste Hauler ID No. 19954		Cubic Yards of Waste TBD	Name of Registered Landfill Blythe Towns LF Brans Burma Rd				
City, State Riverdale		Disposal Date 08/12/26		City, State New Philadelphia PA 17959					
Completed By (Print or Type) Gustavo Ordon		Title owner		Signature 			Date 08/08/26		



PAID

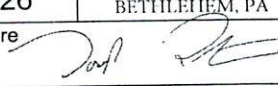
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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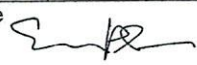
Date of Notification (1) 9 / 8 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation							
Street Address 173 Garfield Pl		City, State, Zip Code Maplewood, NJ 07040							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 173 Garfield Pl		Square Feet 1835							
City (5) Maplewood		# of Floors 3							
County (6) Essex		Bldg. Age 95							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Brick Industries, Inc.		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address PO Box 915		Street Address PO Box 915							
City, State, Zip Code Brick, NJ 08723		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Eric Plackis		Telephone No. 7328997499							
Start Date (10) 9 / 9 / 26		License No. 01196							
Scheduled Completion Date (11) 9 / 10 / 26		Name of OSHA Monitor Brick Industries, Inc.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address PO Box 915							
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Brick, NJ 08723							
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 powder room	☐	☐	☒	Interior plaster	50SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 4		Name of Registered Landfill Fairless Landfill			
City, State Brick, NJ		Disposal Date 9/11/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 		Date 9/8/26			

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

RECEIVED

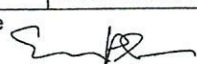
Date of Notification (1) 09/02/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation							
Street Address 144 Lakedale Drive		City, State, Zip Code Lawrence, NJ 08648							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 144 Lakedale Drive		Square Feet	# of Floors						
City (5) Lawrence		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200						
Start Date (10) 09/04/2026	Scheduled Completion Date (11) 09/08/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	305SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 2	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 09/08/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/02/2026			

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

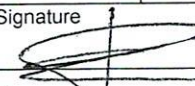
Date of Notification (1) 9 / 1 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 75 Morristown Road City, State, Zip Code Gillette, NJ 07933 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 75 Morristown Road		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Gillette	Square Feet 1800	# of Floors 2	Bldg. Age 61						
County (6) Morris	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) Brick Industries, Inc.		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address PO Box 915		Street Address PO Box 915							
City, State, Zip Code Brick, NJ 08723		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Eric Plackis		Telephone No. 7328997499	License No. 01196						
Start Date (10) 9 / 2 / 26	Scheduled Completion Date (11) 9 / 3 / 26		Name of OSHA Monitor Brick Industries, Inc.						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address PO Box 915 City, State, Zip Code Brick, NJ 08723							
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
Bathroom/laundry room	☐	☐	☐	Floor tile	102SF	☒	☐	☐	☐
Bathroom/laundry room	☐	☐	☐	Mastic	102SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 9/4/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 			Date 9/1/26		

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

RECEIVED

Date of Notification (1) 9 / 3 / 26		Name of Building Owner/Operator (2) SEP 15 2006							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 58 River Road City, State, Zip Code Chatham, NJ 07928 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 26 Longview Ave		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Madison	Square Feet 3500	# of Floors 2	Bldg. Age 76						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Brick Industries, Inc.		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address PO Box 915		Street Address PO Box 915							
City, State, Zip Code Brick, NJ 08723		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Eric Plackis		Telephone No. 7328997499	Telephone No. 7328997499						
Start Date (10) 9 / 4 / 26		Scheduled Completion Date (11) 9 / 5 / 26	License No. 01196						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor Brick Industries, Inc.							
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room/dining room	☐	☐	☐	Duct wrap	36SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 9/6/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 				Date 9/3/26		

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

Date of Notification (1) September 8, 2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 16 Woodhaven Lane							
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	City, State, Zip Code Willingboro NJ, 08046							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 16 Woodhaven Lane		Square Feet N/A	# of Floors N/A						
City (5) Willingboro NJ, 08046		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.	License No. 02097						
Start Date (10) 09/08/2026	Scheduled Completion Date (11) 09/10/2026	Name of OSHA Monitor D&S Abatement Company LLC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>non-occupied</u>		Street Address 329 Parish Dr							
		City, State, Zip Code Wayne, NJ 07470							
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		VAT	150	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 09/08/2026		

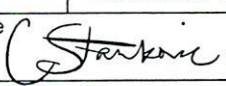
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 09/09/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 7 Beechwood Dr,							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☒ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 7 Beechwood Dr,		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown, NJ 07960		Square Feet N/A	# of Floors N/A						
County (6) Morris	County Code (7) (STATE USE ONLY)	Bldg. Age N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) house							
Street Address		Name of Abatement Contractor (9) D&S Abatement Company LLC							
City, State, Zip Code		Street Address 329 Parish Dr							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-345-8685	License No. 02097						
Start Date (10) 09/10/2026	Scheduled Completion Date (11) 09/12/2026	Name of OSHA Monitor D&S Abatement Company LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 329 Parish Dr							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: non-occupied		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
☒ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	1200	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 Project Manager		Signature			Date 09/09/21026		

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

PAID

Date of Notification (1) August 26, 2026		Name of Building Owner/Operator (2) RECEIVED						
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 63 Laurel Ave City, State, Zip Code Bloomfield NJ Name of Contact _____ Telephone Number _____				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) n/a			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 63 Laurel Ave			Square Feet 2,000		# of Floors 2			
City (5) Bloomfield			Bldg. Age 1923					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) residential home				
Name of Monitoring Firm Hired by Building Owner (8)		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. _____		License No. _____				
Start Date (10) 8/27/2026		Scheduled Completion Date (11) 9/3/2026		Name of OSHA Monitor Checkmark Industrial				
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 54 Morgan Dr					
			City, State, Zip Code Sparta NJ 07871					
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
Second Floor		X	plaster dust	300 SF	X			
Name of Registered Waste Hauler Self Hauler		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill		
City, State Sparta NJ		Disposal Date		City, State Morrisville PA				
Completed by Corey Stankovic		Title CEO		Signature 		Date 8/26/2026		

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

Date of Notification (1) August 5 2026		Name of Building Owner/Operator (2)		RECEIVED SEP 15 2026	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 326 Meadowbrook Ave City, State, Zip Code Ridgewood NJ 07459 Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) N/A			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 326 Meadowbrook Ave			Square Feet 1832		# of Floors 2
City (5) Ridgewood			Bldg. Age 1925		
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)		ASCN No. _____		Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr			
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871			
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-570-2645 License No. 01334	
Start Date (10) 8/6/2026		Scheduled Completion Date (11) 8/9/2026		Name of OSHA Monitor Checkmark Industrial	
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 54 Morgan Dr		
			City, State, Zip Code Sparta NJ 07871		
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)
	Yes	No	N/A		
BASEMENT		X		vinyl asbestos tile	440 SF
Name of Registered Waste Hauler Self Hauling		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 2	
City, State Sparta NJ		Disposal Date		Name of Registered Landfill Fairless Landfill	
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i> Date 8/5/2026	

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

Date of Notification (1) 08-25-26		Name of Building Owner/Operator (2) NJDEP Blue Acres Program		RECEIVED					
Agencies Notified		Type Notification		Street Address 501 East State St.					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Trenton, NJ 08625 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home				Type of Facility (4)					
Street Address 829 South Main St.				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Manville		Square Feet		# of Floors 2	Bldg. Age				
County (6) Somerset		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) 08-27-26		Scheduled Completion Date (11) 09-02-26		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1119 East Grand					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code Elizabeth, NJ 07201					
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
2nd Floor		X		VAT	120 SF	x			
Basement		x		VAT	10 SF	x			
Exterior		x		Transite Siding	2,750 SF	x			
Exterior		x		Foundation Water Proof	660 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 30	Name of Registered Landfill Waste Management of Pennsylvania				
City, State Elizabeth, NJ				Disposal Date 09-02-26	City, State Fairless, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature <i>Jaime Delgado</i>		Date 08-25-26			

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

RECEIVED

Date of Notification (1) 08-25-26		Name of Building Owner/Operator (2) NJDEP Blue Acres Program		SEP 10 2026	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 51 East State St. City, State, Zip Code Trenton, NJ 08625 Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Home			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 67 Boesel Ave			Square Feet _____ # of Floors 2 Bldg. Age _____		
City (5) Manville			County Code (7) _____		
County (6) Somerset			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 Elizabeth, NJ 07201	
City, State, Zip Code		Telephone No. 908 576-7646		License No. 01206	
Project Manager for Monitoring Firm		Telephone No. _____		Name of OSHA Monitor Delfa Contracting LLC	
Start Date (10) 08-27-26		Scheduled Completion Date (11) 09-01-26		Street Address 1119 East Grand	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code Elizabeth, NJ 07201		Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1st Floor		X		Under Coating/Grey Sealant 11 SF	
Exterior		x		Black Caulking 65 LF	
Exterior		x		3 Layer Shingles Roof 1,100 SF	
Shed Roof		x		Tar Paper 250 SF	
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 10	
City, State Elizabeth, NJ		Disposal Date 09-03-26		Name of Registered Landfill Waste Management of Pennsylvania	
Completed by Jaime Delgado		Title Proj. Manager.		Signature Jaime Delgado	
				Date 08-25-26	

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

Date of Notification (1) 08-25-26		Name of Building Owner/Operator (2) NJDEP Blue Acres Program							
Agencies Notified	Type Notification	Street Address 501 East State St.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 218 Angle Ave.		Square Feet	# of Floors 2						
City (5) Manville		Bldg. Age							
County (6) Somerset	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. 908 576-7646	License No. 01206						
Start Date (10) 08-26-26	Scheduled Completion Date (11) 08-28-26	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1119 East Grand							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Transite Siding	2,500 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management of Pennsylvania					
City, State Elizabeth, NJ			Disposal Date 09-03-26	City, State Fairless, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>			Date 08-25-26			

PAID

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

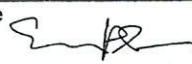
RECEIVED

Date of Notification (1) 08-24-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 228 Huff Ave.		Square Feet	# of Floors 2						
City (5) Manville		Bldg. Age							
County (6) Somerset	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. 908 576-7646	License No. 01206						
Start Date (10) 08-25-26	Scheduled Completion Date (11) 08-27-26	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1119 East Grand							
		City, State, Zip Code Elizabeth, NJ 07201							
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		Flue Patch	4 SF	x			
Exterior		x		Window Glazing	60 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of Pennsylvania					
City, State Elizabeth, NJ			Disposal Date 08-28-26	City, State Fairless, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>			Date 08-24-26			

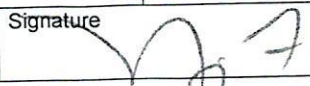
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08-24-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.						
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 40 Deforest Ave.						
		City, State, Zip Code East Hanover, NJ 07936						
		Name of Contact _____						
		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 321 Boesel Ave.		Square Feet	# of Floors 2					
City (5) Manville		Bldg. Age						
County (6) Somerset	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. 908 576-7646	License No. 01206					
Start Date (10) 08-25-26	Scheduled Completion Date (11) 08-28-26	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1119 East Grand						
		City, State, Zip Code Elizabeth, NJ 07201						
Scope of Work (Check All That Apply)								
☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If		☐ 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
Exterior		x	Transite Siding	3,000 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management of Pennsylvania				
City, State Elizabeth, NJ		Disposal Date 08-28-26		City, State Fairless, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature <i>Jaime Delgado</i>			Date 08-24-26	

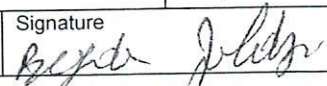
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 9 / 4 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 945 Woodland Ave City, State, Zip Code Oradell, NJ 07649 Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 945 Woodland Ave.		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Oradell	Square Feet 2738	# of Floors 2	Bldg. Age 56						
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Brick Industries, Inc.		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address PO Box 915		Street Address PO Box 915							
City, State, Zip Code Brick, NJ 08723		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Eric Plackis		Telephone No. 7328997499	License No. 01196						
Start Date (10) 9 / 8 / 26	Scheduled Completion Date (11) 9 / 9 / 26	Name of OSHA Monitor Brick Industries, Inc.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address PO Box 915 City, State, Zip Code Brick, NJ 08723							
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
Lower level	☐	☐	☐	Sheet linoleum	600SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 9/10/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 				Date 9/4/26		

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

Date of Notification (1) 08 / 31 / 26		Name of Building Owner/Operator (2) Disantis Contracting, LLC		RECEIVED 50574 SEP - 4 2025				
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 313 Halyard Road		City, State, Zip Code Ortley Beach, NJ 08751				
		Name of Contact		Telephone Number				
		FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1105 Blvd.		Square Feet 2400		# of Floors 2	Bldg. Age 100			
City (5) Seaside Park		County (6) Ocean		County Code (7) (STATE USE ONLY) Residence				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.				
Street Address		Street Address 1889 Route 9, Unit 61						
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Monitoring Firm		Telephone No. 732-349-9932		License No. 00624				
Start Date (10) 09 / 11 / 26		Scheduled Completion Date (11) 09 / 14 / 26		Name of OSHA Monitor E.M.S.L. Analytical				
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton						
		City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)								
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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) 1600 sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
exterior	☐	☒	☐	asbestos siding	☒	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill		
City, State Toms River, New Jersey		Disposal Date 09/14/26		City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/31/26		

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

Date of Notification (1) 8/31/26		MS# 26-133		Name of Building Owner/Operator (2)	
Agencies Notified		Type Notification		Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		254 East Clinton Ave	
				City, State, Zip Code Bergenfield, NJ 07621	
				Name of Contact Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)	
Street Address 254 East Clinton Ave				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bergenfield, NJ				Square Feet 1,300	# of Floors 2
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address			Street Address 20 California Ave		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8020		License No. 01169
Start Date (10) 09/11/26		Scheduled Completion Date (11) 09/16/26		Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One)				Street Address 20 California Ave	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				City, State, Zip Code Paterson, NJ 07503	
Scope of Work (Check All That Apply)					
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement and 1st Fl Kitchen		X		VAT/Mastic	600 SF
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 5 CYD	Name of Registered Landfill Tullytown Resource Recovery
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD	City, State Tullytown, PA
Completed by Bogdan Joldzic		Title President		Signature 	Date 08/31/2026

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

Check# 1350

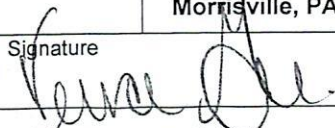
RECEIVED

Date of Notification (1) 09/01/2026		Name of Building Owner/Operator (2) 115 Lawrence Road							
Agencies Notified	Type Notification	Street Address 115 Lawrence Road							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 115 Lawrence Road		Square Feet	# of Floors						
City (5) Mahwah, NJ 07430		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. 973-356-3511	License No. 01127						
Start Date (10) 09/10/2026	Scheduled Completion Date (11) 09/11/2026	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 20-21 Wagaraw Road, Bldg.# 35 E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner	Signature Gradimir Ristanovic			Date 09/01/2026			

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

Date of Notification (1) 08/28/2026		Name of Building Owner/Operator (2) See							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation							
Street Address 550 Monmouth Ave,		City, State, Zip Code Linden, NJ 07036							
Name of Contact		Telephone Number							
RECEIVED SEP - 8 2026 LICENSING									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 550 Monmouth Ave,		Square Feet 858	# of Floors 1						
City (5) Linden		Bldg. Age 69							
County (6) Union	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Acme Professional Services Corp						
Street Address		Street Address 170 Kinnelon Rd, Suite 12							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-938-5266						
Start Date (10) 09/09/2026		Scheduled Completion Date (11) 09/10/2026	License No. 02003						
Name of OSHA Monitor Arsenije Adamov		Street Address 170 Kinnelon Rd, Suite 12							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		✓		Tile and mastic	590 SF	✓			
Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Kinnelon, NJ		Disposal Date 09/10/2026		City, State Morrisville, PA					
Completed by Samantha Zamora		Title Project Coordinator		Signature <i>Samantha Zamora</i>		Date 08/28/2026			

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

Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) JRB Property Group							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 252 Bayshore Dr. .							
		City, State, Zip Code Ocean City, NJ 08226							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 109 Akron Ave		Square Feet 1500	Bldg. Age 1960						
City (5) Haddon Township		County Code (7)(STATE USE ONLY)							
County (6) Camden County		Current Use (Prior if being demolished) Old Movie Theatre							
Name of Monitoring Firm Hired by Building Owner (8) Graham Tech Environmental Service		Name of Abatement Contractor (9) Graham Tech Environmental Service							
Street Address 958 Jackson Rd		Street Address 958 Jackson Rd							
City, State, Zip Code Mays Landing, NJ 08330		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm		Telephone No. 609-547-5198	License No. 02142-2						
Start Date (10) 09 / 10 / 26	Scheduled Completion Date (11) 09 / 24 / 26	Name of OSHA Monitor Graham Tech Environmental Service							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 958 Jackson Rd							
		City, State, Zip Code Mays Landing, Nj 08330							
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) 20Sqft	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	☐	☐	☒	Exterior Gable		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Graham Tech Environmental Service		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 30 Yard	Name of Registered Landfill Fairless landfill				
City, State 958 Jackson Rd Mays Landing, NJ				Disposal Date	City, State Morrisville, PA 19067				
Completed By (Print or Type) Vernice Graham		Title Spouse		Signature 		Date 9-1-26			

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

RECEIVED

Date of Notification (1) 9/02/26		MS# 26-134		Name of Building Owner/Operator (2) SEP - 8 2026					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 52 Aubrey Rd City, State, Zip Code Montclair, NJ 07043 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 52 Aubrey Rd				Square Feet 1,400 # of Floors 2 Bldg. Age 70					
City (5) Montclair, NJ				County Code (7) Essex (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. _____ Name of Abatement Contractor (9) D&S Restoration, Inc					
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm				Telephone No. 973-345-8020 License No. 01169					
Start Date (10) 09/16/26		Scheduled Completion Date (11) 09/18/26		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Bathroom		X		Plaster	15 SF	X			
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tullytown Recourse Recovery				
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD	City, State Tullytown, PA				
Completed by Bogdan Joldzic		Title President		Signature <i>Bogdan Joldzic</i>			Date 09/02/2026		

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

RECEIVED

Date of Notification (1) 9/01/26		MS# 26-137		Name of Building Owner/Operator (2)					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 14 Montgomery Rd City, State, Zip Code Livingston, NJ 07039 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 14 Montgomery Rd			Square Feet 1,200		# of Floors 2				
City (5) Livingston, NJ 07039			Bldg. Age 75						
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Restoration, Inc					
Street Address		Street Address 20 California Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8020 License No. 01169					
Start Date (10) 09/11/26		Scheduled Completion Date (11) 09/15/26		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				Street Address 20 California Ave					
				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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		VAT/Mastic	550 SF	X			
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 4 CYD		Name of Registered Landfill Tullytown Recourse Recovery			
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA			
Completed by Bogdan Joldzic		Title President		Signature <i>Bogdan Joldzic</i>		Date 09/01/2026			

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

RECEIVED

Date of Notification (1) 9/03/26		MS# 26-126		Name of Building Owner/Operator (2)					
Agencies Notified		Type Notification		Street Address					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		2-33 35th Street					
				City, State, Zip Code Fair Lawn, NJ 07410					
				Name of Contact		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 2-33 35th Street				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Fair Lawn, NJ				Square Feet 1,400		# of Floors 2			
				Bldg. Age 70					
County (6) Bergen				County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc			
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-345-8020			
						License No. 01169			
Start Date (10) 09/17/26		Scheduled Completion Date (11) 09/18/26		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 20 California Ave					
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	82 LF	X			
Name of Registered Waste Hauler D&S Restoration, Inc				NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 2 CYD		Name of Registered Landfill Tullytown Recource Recovery	
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA			
Completed by Bogdan Joldzic				Title President		Signature <i>Bogdan Joldzic</i>		Date 09/02/2026	

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

08/28/2026

PAID

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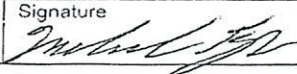
SEP 14 2020

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/28/2026		Name of Building Owner/Operator (2) KARANTONIS REALTY LLC							
Agencies Notified	Type Notification	Street Address 323 CORTLANDT ST							
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended Amendment #	City, State, Zip Code BELLVILLE, NJ 07109							
☒ DOH ☐ DCA	☒ Emergency (including justification) ☐ Cancellation	Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 321-333 Cortlandt Street,		Square Feet N/A	# of Floors N/A						
City (5) Belleville NJ, 07109		Bldg. Age N/A							
County (6) Essex	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. 973-345-8685	License No. 02097						
Start Date (10) 08/31/2026	Scheduled Completion Date (11) 09/20/2026	Name of OSHA Monitor D&S Abatement Company LLC							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: occupied		Street Address 329 Parish Dr							
		City, State, Zip Code Wayne, NJ 07470							
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
entire building		X		debris cleanup	15,000 SF	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 Dejan Antic Dopsaj				Date 08/28/2026	

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

4902

Date of Notification (1) 08/11/2026		Check #4902		Name of Building Owner/Operator (2) Robert Wood Johnson University Hospital		RECEIVED	
Agencies Notified		Type Notification		Street Address 865 Stone St		SEP 15 2026	
☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA		☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Rahway NJ 07065		Name of Contact William Kelly	
				Telephone Number 732-258-6629		ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson University Hospital				Type of Facility (4)			
Street Address 865 Stone St				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Rahway				Square Feet 120,000+		# of Floors 5	
						Bldg. Age 50+	
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital			
Name of Monitoring Firm Hired by Building Owner (8) N/a			ASCM No. N/a		Name of Abatement Contractor (9) EA Services Corp		
Street Address N/a					Street Address 530 Church St		
City, State, Zip Code N/a					City, State, Zip Code Ridgefield, NJ 07657		
Project Manager for Monitoring Firm N/a			Telephone No. N/a		Telephone No. 201-295-1700		Licenses 01074
Start Date (10) 08/11/26		Scheduled Completion Date (11) 08/14/26		Name of OSHA Monitor N/a			
Occupancy Status During Abatement (Check Only One)				Street Address N/a			
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 1pm				City, State, Zip Code N/a			
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-Exempted (**) Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		Yes No N/A					
1st Floor Radiology		X		ACM Pipe Insulation		6 LF	
Name of Registered Waste Hauler EA Services		NJDEP Waste Hauler ID No. 103879		Cubic Yards of Waste tbd		Name of Registered L... Minerva Enterprise	
City, State Ridgefield NJ				Disposal Date tbd		City, State Waynesburg, OH	
Completed by Michael Fajardo		Title Office Manager		Signature 		1/2026	

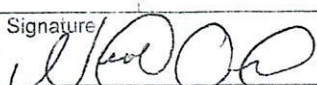
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

01/24 CK# 6124

Date of Notification (1) 9/1/26		Name of Building Owner/Operator (2) Zap Iornbound Corp.							
Agencies Notified	Type Notification	Street Address 600 Sylvan Ave Suite 407							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code North Bergen, New Jersey 07632							
		Name of Contact Avi	Telephone Number 9176847896						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Zap Iornbound Corp. property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 221 Raymond Blvd		Square Feet 3500	# of Floors 2						
City (5) Newark		Bldg. Age 75+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) carwash							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029						
Start Date (10) 9/10/26	Scheduled Completion Date (11) 9/14/26	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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			x	floor tile with mastic	400 sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey			Disposal Date 9/14/26	City, State Easton, Pa					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 9/1/26			

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

CK: 1116

Date of Notification (1) 09 / 02 / 26			Name of Building Owner/Operator (2) New Jersey Institute of Technology						
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 3 ☐ Emergency (including justification) ☐ Cancellation		Street Address 323 Martin Luther King Jr Blvd						
			City, State, Zip Code Newark, NJ 07102						
			Name of Contact Alexandra Carreras		Telephone Number 973-596-5356				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT - Tiernan Hall, Lecture Hall #2				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 161 Warren Street (120-142 Bleeker Street)									
City (5) Newark		Square Feet 156,000		# of Floors 4	Bldg. Age 30 +				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Tiernan Hall - NJIT					
Name of Monitoring Firm Hired by Building Owner (8) OMEGA Environmental Services		ASCM No.		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.					
Street Address 280 Huyler St., South Hackensack		Street Address 494 East 41st Street							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Stan Blackman - Project Manager		Telephone No. 201-489-8700		Telephone No. 973-345-0022	License No. 02117				
Start Date (10) 09 / 03 / 26		Scheduled Completion Date (11) 09 / 10 / 26		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM				Street Address City, State, Zip Code					
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lecture Hall # 2	☐	☒	☐	Popcorn Ceiling	900 SF	☒	☐	☐	☐
Lecture Hall # 2	☐	☒	☐	VAT & Mastic	766 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Century Waste Services, LLC.		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 30	Name of Registered Landfill Waste Mgmt. - Fairless Hills				
City, State Elizabeth, NJ 07201				Disposal Date 09-10-2026	City, State Morrisville, PA				
Completed By (Print or Type) Nicol Olejarova		Title President		Signature 			Date 9/2/2026		

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) August 28, 2026		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey	
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP (No Longer Required) ☒ DOH		Notification Type ☐ Initial Notification ☒ Amended Notification #3 - ADD Work Areas, Materials & Quantities, & New Completion Date ☐ Emergency (including justification) ☐ Cancelled	
Street Address REHS 74 St 1603		City, State, Zip Code Piscataway NJ 08854	
Name of Contact Michael F. Smith		Telephone Number 848.445.2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) # 7257- Medical Science Bldg.		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 80 plus years	
Street Address RBHS Newark Campus		Current Use (prior if being demolished):	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Atlas Tech Services		ASCM No. 0098	
Street Address 3 Terri Lane		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Burlington NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm John Lutz		City, State, Zip Code Butler, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	
License Number 00840		Name of OSHA Monitor EMSL inc.	
Scheduled Start Date (10) 8/21/2026		Scheduled Completion Date (11) 10/5/2026	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 4pm-5am (24 Hours & weekends as needed)		Street Address 1056 Stelton Road	
City, State, Zip Code Piscataway, NJ 08854			
Source of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
B100C10 Corridor	☒	VAT	150 sf
C00C3 Corridor	☒	VAT	150 sf
C512, C540 (2 areas <160 SF/area)	☒	VAT	215 sf
G582, G543, G544 (2 work areas >160 SF each)	☒	VAT & Bench Tops	885 sf & 150 sf
G503, G505, G507 (1 work area >160 SF)	☒	VAT & Bench Tops & Transite Hoods	1,385 sf & 280sf & 150 sf
C510 (1 work area < 160 SF)	☒	Bench Tops	150 sf
A536, A538 & A540 (2 work areas >160 SF)	☒	VAT	1,030 sf
Abatement Type Remove Repair Encap Enclose			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 150 CYD	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
10/5		Disposal Date 10/5/26	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Completed by (Print or Type) Raymond Pedalino	Title Sr. Project Manager	Signature <i>Raymond C. Pedalino</i>	Date August 28, 2026

GAC # 2026-060

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

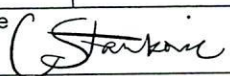
RECEIVED

Date of Notification (1) 08/28/2026		Name of Building Owner/Operator (2) DEFRANZA & SONS LLC CHARLIE						
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation		Street Address 577 N. 3RD STREET City, State, Zip Code NEWARK, NJ, 07107 Name of Contact William Vecharello					
	Telephone Number 973-583-1870							
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) commercial building		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 335-353 Cortlandt Street,		Square Feet N/A	# of Floors N/A					
City (5) Belleville, NJ 07109		Bldg. Age N/A						
County (6) Essex	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. 973-345-8685	License No. 02097					
Start Date (10) 08/31/2026	Scheduled Completion Date (11) 09/20/2026	Name of OSHA Monitor D&S Abatement Company LLC						
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: occupied		Street Address 329 Parish Dr						
		City, State, Zip Code Wayne, NJ 07470						
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
entire building		X	debris cleanup	15,000 SF	X			
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF				
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA				
Completed by Dejan Antic Dopsaj		Title President	Signature <i>Dejan Antic Dopsaj</i>		Date 08/28/2026			

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

Date of Notification (1) 08/28/2026		Name of Building Owner/Operator (2) LLC DEFRANZA & DEFRANZA							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation							
Street Address 577 N. 3RD STREET		City, State, Zip Code NEWARK, NJ, 07107							
Name of Contact William Vecharello		Telephone Number 973-583-1870							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) commercial building		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 355-363 Cortlandt Street,		Square Feet N/A	# of Floors N/A						
City (5) Belleville, NJ 07109		Bldg. Age N/A							
County (6) Essex	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						
Start Date (10) 08/31/2026		Scheduled Completion Date (11) 09/20/2026	License No. 02097						
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>occupied</u>		Name of OSHA Monitor D&S Abatement Company LLC							
		Street Address 329 Parish Dr							
		City, State, Zip Code Wayne, NJ 07470							
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
entire building		X		debris cleanup	15,000 SF	X			
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF					
City, State Wayne NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Dejan Antic Dopsaj		Title President	Signature <i>Dejan Antic Dopsaj</i>			Date 08/28/2026			

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

Date of Notification (1) August 11, 2026		Name of Building Owner/Operator (2) St. Patrick School							
Agencies Notified	Type Notification	Street Address 45 Chatham Street							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Chatham NJ 07928							
		Name of Contact Paul Bogardus	Telephone Number 908-307-0910						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Patrick School		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 45 Chatham Street		Square Feet 15,000	# of Floors 2						
City (5) Chatham		Bldg. Age 1872							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) private school							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address 20-21 Wagaraw Road		Street Address 54 Morgan Dr							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm Fred Larson		Telephone No. _____	License No. 01334						
Start Date (10) 08/12/2026	Scheduled Completion Date (11) 08/16/2026	Name of OSHA Monitor Checkmark Industrial							
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 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
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
boiler room		X		pipe wrap insulation	8.5 LF	X			
Name of Registered Waste Hauler Self Hauler		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Sparta NJ			Disposal Date _____	City, State Morrisville PA					
Completed by Corey Stankovic		Title CEO	Signature 			Date _____			

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

B & G Project # 2026-153

Check # 13877

RECEIVED

Date of Notification (1) September 10, 2026		Name of Building Owner/Operator (2) Westfield Public Schools							
Agencies Notified	Type Notification	Street Address 302 Elm Street							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Westfield, NJ 07090							
		Name of Contact Sean McArthur	Telephone Number 908-789-4400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Roosevelt Intermediate School (NON Sub 8)		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 301 Clark Street		Square Feet 50,000	# of Floors 3						
City (5) Westfield, NJ 07090		Bldg. Age 50 +							
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) 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) 09/12/2026 - 7:00 AM	Scheduled Completion Date (11) 09/13/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1234 Route 23							
		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ 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) 20 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Media Center			x	transite pipe		X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 09/14/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>			Date 09/10/2026			

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

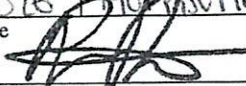
RECEIVED

Date of Notification (1) 9/03/26		MS# 26-138		Name of Building Owner/Operator (2) SEP - 8 2026	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 47 Beverly Rd 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) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 Beverly Rd				Square Feet 1,500	
City (5) West Orange, NJ				# of Floors 2	
County (6) Essex				Bldg. Age 90	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8020	
Start Date (10) 09/04/26		Scheduled Completion Date (11) 09/08/26		License No. 01169	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				Name of OSHA Monitor D&S Restoration, Inc Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503	
Scope of Work (Check All That Apply)					
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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		
Basement around the boiler		X		Pipe Insulation	30 LF
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1 CYD	Name of Registered Landfill Tullytown Resource Recovery
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD	City, State Tullytown, PA
Completed by Bogdan Joldzic		Title President		Signature <i>Bogdan Joldzic</i>	Date 09/03/2026

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- CENSING

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

Date of Notification (1) 08/26/2026		Name of Building Owner/Operator (2) 18 Eagle Ter		RECEIVED SEP - 4 2026	
Agencies Notified	Type Notification	Street Address		City, State, Zip Code	
☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	18 Eagle Ter		West Orange, NJ 07052	
		Name of Contact		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 18 Eagle Ter			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
City (5) West Orange			Square Feet 1,439	# of Floors 2	Bldg. Age 1935
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Abated LLC	
Street Address		Street Address 100-128 Union St, Suite 65			
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-372-8375	License No. #02019
Start Date (10) 09/05/2026		Scheduled Completion Date (11) 09/09/2026		Name of OSHA Monitor Ryan J Passos	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:				Street Address 100-128 Union St, Suite 65	
				City, State, Zip Code Elizabeth NJ 07202	
Scope of Work (Check All That Apply)					
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			X	Floor Tile	138 SF
Name of Registered Waste Hauler Abated LLC		NJDEP Waste Hauler ID No. 0038720		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills PA (W-M)
City, State Elizabeth NJ		Disposal Date 09/09/2026		City, State Monroeville PA	
Completed by Ryan J Passos		Title President		Signature 	Date 08/26/2026

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

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Date of Notification (1) 8-31-2026		Name of Building Owner/Operator (2)										
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address 31 Ball Terrace								
		City, State, Zip Code Maplewood, NJ 07040										
		Name of Contact		Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 31 Ball Terrace				Square Feet 1938		# of Floors 2						
City (5) Maplewood NJ 07040				Bldg. Age 97+								
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Green Environmental Services, LLC							
Street Address			Street Address 235 Virginia Avenue									
City, State, Zip Code			City, State, Zip Code Jersey City, NJ 07304									
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855		License No. 01174						
Start Date (10) 9-10-2026		Scheduled Completion Date (11) 9-12-2026		Name of OSHA Monitor Green Environmental Services, LLC								
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:				Street Address 235 Virginia Avenue								
				City, State, Zip Code Jersey City, NJ 07304								
Scope of Work (Check All That Apply)												
☐ ≥3 sf or ≥3 lf		☒ Renovation		☐ Full Containment with Negative Pressure								
☒ ≥160 sf or ≥260 lf		☐ Demolition		☐ Mini-Enclosure								
				☐ Glovebag Procedure								
				☒ Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
House			X		Roofing Material		1600 SF		X			
Garage			X		Roofing Material		200 SF		x			
Name of Registered Waste Hauler Green Environmental Services			NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 4		Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 9-12-2026		City, State Morrisville PA							
Completed by Liliana Serrano			Title Office Assistant			Signature <i>Liliana Serrano</i>			Date 8-31-2026			

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

Check# 1356

Date of Notification (1) 09/02/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 25 Orange Heights Avenue City, State, Zip Code West Orange, NJ 07052 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 25 Orange Heights Avenue		Square Feet	# of Floors						
City (5) West Orange, NJ 07052		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Road#283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-356-3511	License No. 01127						
Start Date (10) 09/12/2026	Scheduled Completion Date (11) 09/14/2026	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) <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	240 LF	x			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner	Signature <i>Gradimir Ristanovic</i>			Date 09/02/2026			

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

RECEIVED

Date of Notification (1) 9/03/26		MS# 26-139		Name of Building Owner/Operator (2)					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 1319 86th Street City, State, Zip Code North Bergen, NJ 07047 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1319 86th Street				Square Feet 1,200 # of Floors 2 Bldg. Age 90					
City (5) North Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
County (6) Bergen		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____					
Street Address		Name of Abatement Contractor (9) D&S Restoration, Inc		Street Address 20 California Ave					
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8020 License No. 01169					
Start Date (10) 09/18/26		Scheduled Completion Date (11) 09/21/26		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours				Street Address 20 California Ave					
				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Boiler Insulation	70 SF	X			
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 2 CYD		Name of Registered Landfill Tullytown Recourse Recovery			
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA			
Completed by Bogdan Joldzic		Title President		Signature <i>Bogdan Joldzic</i>		Date 09/03/2026			

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

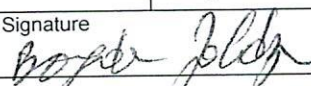
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Check# 1357

Date of Notification (1) 09/04/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 93 Personette Avenue City, State, Zip Code Verona, NJ 07044 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 93 Personette Avenue City (5) Verona, NJ 07044 County (6) Essex		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code 		ASCM No. City, State, Zip Code 	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Road#283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-356-3511 License No. 01127						
Project Manager for Monitoring Firm Telephone No. 		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 09/14/2026 Scheduled Completion Date (11) 09/15/2026		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 ☒ Renovation ☐ Full Containment with Negative Pressure ☐ ≥160 sf or ≥260 lf ☐ Demolition ☒ Mini-Enclosure ☐ _____ ☐ _____ ☒ Glovebag Procedure ☐ _____ ☐ _____ ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 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) 80 LF 	Abatement Type Removal Repair Encapsulate Enclosure 			
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD Disposal Date TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner	Signature <i>Gradimir Ristanovic</i>		Date 09/04/2026				

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

RECEIVED

Date of Notification (1) 9/02/26		Name of Building Owner/Operator (2) MS# 26-130		SEP - 8 2026	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # <u>01</u> ☐ Emergency (including justification) ☐ Cancellation		Street Address 674 Bogert Rd City, State, Zip Code River Edge, NJ 07661 Name of Contact Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 674 Bogert Rd			Square Feet 1,300		# of Floors 2
City (5) River Edge, NJ			Bldg. Age 90		
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		20 California Ave		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code		Telephone No. 973-345-8020		License No. 01169	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor D&S Restoration, Inc	
Start Date (10) 09/08/26		Scheduled Completion Date (11) 09/11/26		Street Address 20 California Ave	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Regular Hours</u>		City, State, Zip Code Paterson, NJ 07503			
Scope of Work (Check All That Apply)					
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		X		Pipe Insulation	110 LF
Basement		X		VAT	385 SF
Basement		X		Mastic	300 SF
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 4 CYD	Name of Registered Landfill Tullytown Recourse Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD		City, State Tullytown, PA	
Completed by Bogdan Joldzic		Title President		Signature 	Date 09/02/2026

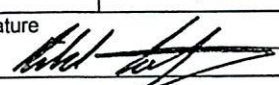
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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

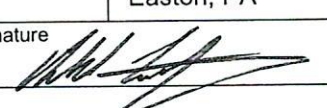
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Print Form

SEP - 9 2026

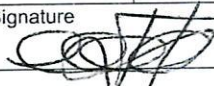
Date of Notification (1) 8/11/26		Name of Building Owner/Operator (2)	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # <u>1</u> ☐ Emergency (including justification) ☐ Cancellation		Street Address 1175 Irvin Ave.
			City, State, Zip Code Union, NJ 07083
			Name of Contact
			Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1175 Irvin Ave.		Square Feet 2100	# of Floors 2
City (5) Union		Bldg. Age 60 +/-	
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Building
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 55 Cannonball Rd.	
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184
			License No. 01305
Start Date (10) <u>9/8/26</u>		Scheduled Completion Date (11) <u>9/11/26</u>	
Name of OSHA Monitor Same As Above			
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>8 A.M to 4 P.M</u>		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition			
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
	Yes	No	N/A
Basement		X	
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 6 YD
City, State Pompton Lakes, NJ		Name of Registered Landfill Chrin Brothers Sanitary Landfill	
		Disposal Date TBD	City, State Easton, PA
Completed by Richard Cristofol		Title President	Signature 
		Date 8/11/26	

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

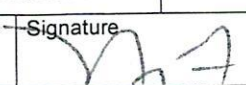
Date of Notification (1) 8/28/26		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 86 Tulip St.							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Bergenfield, NJ 07621							
		Name of Contact							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address 86 Tulip St.		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bergenfield		Square Feet 1700	# of Floors 2						
County (6) Bergen		Bldg. Age 60 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/29/26	Scheduled Completion Date (11) 8/31/26	Name of OSHA Monitor Same As Above							
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) <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		VAT	135 SF	X			
Exterior Siding		X		Transite	1,532 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 10 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ			Disposal Date TBD	City, State Easton, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 8/28/26			

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

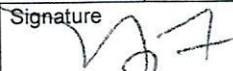
RECEIVED

Date of Notification (1) 09/04/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 85 Leonard St							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Jersey City NJ 07087							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 85 Leonard St		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet	# of Floors						
County (6) Hudson		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) 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) 09/18/2026		Scheduled Completion Date (11) 09/28/2026							
Name of OSHA Monitor		Street Address							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code							
☐ 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR		X		PIPE INSULATION	95 lf	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 09/04/2026		

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

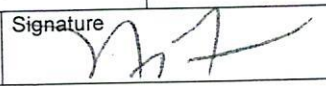
Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) Potts Excavating, Inc.		RECEIVED 50580 SEP - 8 2026					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 316 Main Street		City, State, Zip Code West Creek, NJ 08092					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 124 N. 17th Street									
City (5) Surf City			Square Feet 1750	# of Floors 1	Bldg. Age 80				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932	License No. 00624					
Start Date (10) 09 / 15 / 26		Scheduled Completion Date (11) 09 / 17 / 26		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1750 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey				Disposal Date 09/17/26	City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/2/26			

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

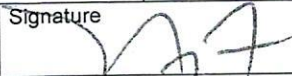
Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) Potts Excavating, Inc.							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 316 Main Street City, State, Zip Code West Creek, NJ 08092 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 177 John Street		Square Feet 32							
City (5) West Creek		# of Floors 1							
County (6) Ocean		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence-shed							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) 09 / 16 / 26		License No. 00624							
Scheduled Completion Date (11) 09 / 18 / 26		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) ☐ >3 sf or >3 lf ☒ >160 sf or >260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 160 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-shed only	☐	☒	☐	asbestos siding		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3 1	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 09/18/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/2/26		

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

RECEIVED

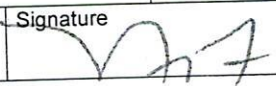
Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) Potts Excavating, Inc.							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 316 Main Street City, State, Zip Code West Creek, NJ 08092							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 5 E. 73rd Street		Square Feet 2000	# of Floors 2						
City (5) Harvey Cedars		Bldg. Age 80							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 16 / 26	Scheduled Completion Date (11) 09 / 18 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >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) 2400 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3.5	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 09/18/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/2/26			

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

Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) Potts Excavating, Inc.							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 316 Main Street		City, State, Zip Code West Creek, NJ 08092							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 44 Rona Lane		Square Feet 850							
City (5) Beach Haven West		# of Floors 1							
County (6) Ocean		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932							
Telephone No.		License No. 00624							
Start Date (10) 09 / 15 / 26		Scheduled Completion Date (11) 09 / 17 / 26							
Name of OSHA Monitor E.M.S.L. Analytical									
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	850 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill			
City, State Toms River, New Jersey		Disposal Date 09/17/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/2/26			

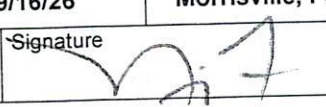
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) 50585							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 214 4th Avenue City, State, Zip Code Lavallette, NJ 08735 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 214 4th Avenue		Square Feet 1250	Bldg. Age 80						
City (5) Lavallietle (Normandy Beach)		# of Floors 1							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 14 / 26	Scheduled Completion Date (11) 09 / 16 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1250 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 09/16/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/2/26			

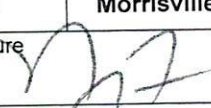
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) Serafin Contracting							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 107 Atlantic Avenue							
		City, State, Zip Code Point Pleasant, NJ 08742							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 44 Ocean Bay Blvd		Square Feet 1500	# of Floors 1						
City (5) Lavallette		Bldg. Age 60							
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 14 / 26	Scheduled Completion Date (11) 09 / 16 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1500 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey			Disposal Date 09/16/26	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 9/2/26			

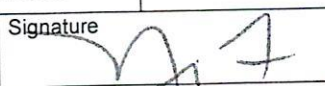
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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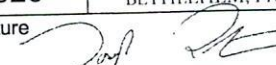
Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) Disantis Contracting, LLC							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 313 Halyard Road							
		City, State, Zip Code Ortley Beach, NJ 08751							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 21 24th Avenue									
City (5) Seaside Park		Square Feet 1100	# of Floors 1 Bldg. Age 80						
County (6) Ocean		County Code (7) (STATE USE ONLY) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 17 / 26	Scheduled Completion Date (11) 09 / 21 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1100 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 09/21/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/2/26		

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

RECEIVED

Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) Collinson Home Improvement							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 479 Euclid Avenue							
		City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2186 Dogwood Lane		Square Feet 1200	# of Floors 1						
City (5) Sea Girt		Bldg. Age 75							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 17 / 26	Scheduled Completion Date (11) 09 / 18 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 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) 1280 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 09/18/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/2/26						

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

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) 555 Madison Ave							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	555 Madison Ave 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)							
Street Address 26 MIDLAND PLACE		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NEWARK		Square Feet	# of Floors						
County (6) ESSEX		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		AAA Lead Professionals							
City, State, Zip Code		Street Address							
Project Manager for Monitoring Firm		6 White Dove Court							
Telephone No.		City, State, Zip Code							
Start Date (10) 09/14/2026		Lakewood, NJ, 08701							
Scheduled Completion Date (11) 09/14/2026		Telephone No. 732-719-5649	License No. 1200						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		AAA Lead Professionals							
Scope of Work (Check All That Apply)		Street Address							
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		6 White Dove Court							
☒ Renovation ☐ Demolition		City, State, Zip Code							
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure		Lakewood, NJ, 08701							
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 Tiles	800 SF	☒			
Interior				Pipe Insulation	50 LF	☒			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Lead Professionals Inc		35103	4	IESI					
City, State		Disposal Date		City, State					
Lakewood, NJ		09/14/2026		BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/03/2026			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/24/2026		Name of Building Owner/Operator (2) Private Property					
Agencies Notified		Street Address 675 Summit Ave					
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		City, State, Zip Code Jersey City NJ Name of Contact 					
Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Telephone Number 					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 675 Summit Ave		Square Feet 1200SF	# of Floors 2 floors				
City (5) jersey City NJ		Bldg. Age +50					
County (6) Hudson County		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Abatement Services LLC				
Street Address N/A		Street Address 31 Turnberry Road					
City, State, Zip Code N/A		City, State, Zip Code Little Falls NJ 07424					
Project Manager for Monitoring Firm N/A		Telephone No. 201-218-4206	License No. 02150				
Start Date (10) 9/3/2026		Name of OSHA Monitor Hillmann Consulting LLC					
Scheduled Completion Date (11) 9/8/2026		Street Address 1605 Vauxhall Road					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ					
Scope of Work (Check All That Apply)							
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition					
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Exterior Roof	Yes No N/A	Roofing Material	450 SF	x			
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill			
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date	City, State 1061 Burma Rd New Philadelphia PA				
Completed by Edwin Precilla		Title Principal	Signature Edwin Precilla		Date 8/24/2026		

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

Check # 0093

Date of Notification (1) 8/28/2026		Name of Building Owner/Operator (2) <u>Private Property</u>							
Agencies Notified		Street Address 146 Harrison Ave							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
		City, State, Zip Code Roseland NJ							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 146 Harrison Ave		Square Feet 1200SF	# of Floors 1 floors						
City (5) Roseland NJ		Bldg. Age +50							
County (6) Essex County		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) ACM Abatement Services LLC							
Street Address N/A		Street Address 31 Turnberry Road							
City, State, Zip Code N/A		City, State, Zip Code Little Falls NJ 07424							
Project Manager for Monitoring Firm N/A		Telephone No. 201-218-4206	License No. 02150						
Start Date (10) 9/7/2026		Scheduled Completion Date (11) 9/12/2026							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM to 4:00 PM		Name of OSHA Monitor Hillmann Consulting LLC							
		Street Address 1605 Vauxhall Road							
		City, State, Zip Code Union NJ							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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/bedroom			X	floor tile /mastic	488 SF	X			
Basement /Kitchen				floor tile/mastic	90 SF	X			
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill					
City, State 60 Riverdale Rd Riverdale NJ			Disposal Date	City, State 1061 Burma Rd New Philadelphia PA					
Completed by Edwin Precilla		Title Principal	Signature <i>Edwin Precilla</i>			Date 8/28/2026			

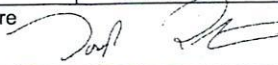
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 27 / 26		Name of Building Owner/Operator (2) 							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 172 Handy Street							
		City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact 	Telephone Number 732-202-1234						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 172 Handy Street		Square Feet	# of Floors						
City (5) New Brunswick		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CVK CONTRACTING LLC							
Street Address		Street Address 269 walker st apt 6							
City, State, Zip Code		City, State, Zip Code fairview NJ 07022							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 641 5400	License No. 02044						
Start Date (10) 08 / 05 / 26	Scheduled Completion Date (11) 08 / 08 / 26	Name of OSHA Monitor Emsl Anatical INC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: xAM-xPM/ PM- AM		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway NJ 08854							
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☐ >160 sf or >260 lf		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
☒ Renovation ☐ Demolition									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 132 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vinyl Sheet Basement	☐	☒	☐	ACM		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 08/12/26	City, State New Philadelphia PA 17959						
Completed By (Print or Type) Gustavo Ordon		Title owner	Signature 			Date 07/27/26			

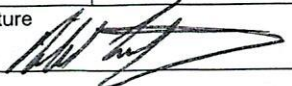
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) SEP - 8							
Agencies Notified	Type Notification	Street Address 157 Witmer Pl							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Long Branch NJ 07740							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 157 Witmer Pl		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Long Branch		Square Feet	# of Floors						
County (6) Monmouth		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) 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						
Start Date (10) 9/16/2026		Scheduled Completion Date (11) 9/16/2026	License No. 1200						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA Lead Professionals							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe:		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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				Flooring	400 SF	☒			
Exterior				Siding	1500 SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 6	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 9/16/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/03/2026			

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

RECEIVED

Date of Notification (1) 9/3/26		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 86 Walther Ave.		City, State, Zip Code Ridgewood, NJ 07450							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 86 Walther Ave.		Square Feet 2600	# of Floors 2						
City (5) Ridgewood		Bldg. Age 60 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/17/26	Scheduled Completion Date (11) 9/20/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥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
Attic		X		Vermiculite	360 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 6 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ			Disposal Date TBD	City, State Easton, PA					
Completed by Richard Cristofol		Title President	Signature 	Date 9/3/26					

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

B & G Project # 2026-147

Check #

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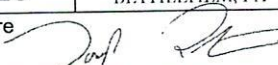
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Date of Notification (1) 09/04/2026		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified	Type Notification	Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	57 Haddon Road City, State, Zip Code Parsippany, NJ 07054	
		Name of Contact	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 57 Haddon Road		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Parsippany, NJ 07054		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 Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 09/16/2026		Scheduled Completion Date (11) 09/17/2026	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor B & G Restoration, Inc.	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>occupied</u>		Street Address 1234 Route 23	
Scope of Work (Check All That Apply)		City, State, Zip Code Butler, NJ 07405	
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
1st fl laundry room, water softener closet & hallway		X	VAT & mastic
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ		Cubic Yards of Waste 1 1/2	Disposal Date 09/17/2026
City, State Pen Argyl, PA		Signature <i>Gordana Luna</i>	
Completed by Gordana Luna		Title Secretary / Treasurer	Date 09/04/2026

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

Date of Notification (1) 09/01/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 51 HIERING AVE							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code SEASIDE HEIGHTS NJ 08751							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 51 HIERING AVE		Square Feet	# of Floors						
City (5) SEASIDE HEIGHTS		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) 09/16/2026	Scheduled Completion Date (11) 09/17/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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				Popcorn ceiling	600 SF	☒			
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 09/17/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/01/2026			

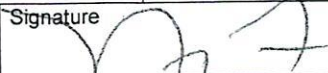
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

B & G Project # 2026-140

Check # 13866

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 12 Tanglewood Drive							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 12 Tanglewood Drive		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Livingston, NJ 07038		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23							
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378						
Start Date (10) 09/14/2026	Scheduled Completion Date (11) 09/15/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>occupied</u>		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
first floor office			X	VAT & mastic	110 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 09/16/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>				Date 09/03/2026	

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

Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) 214 Nautilus Drive							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 214 Nautilus Drive City, State, Zip Code LB Twp., NJ 08008 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 8302 Bay Terrace		Square Feet 2000							
City (5) Harvey Cedars		# of Floors 2							
County (6) Ocean		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) 09 / 10 / 26		License No. 00624							
Scheduled Completion Date (11) 09 / 14 / 26		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	3500 sf	☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 09/14/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/27/26			

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

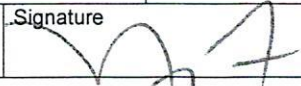
Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) On Point Investments							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 649 Homestead Road City, State, Zip Code Jackson, NJ 08527 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2310 Hollywood Road		Square Feet 1600							
City (5) Point Pleasant		# of Floors 1	Bldg. Age 65						
County (6) Ocean		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 14 / 26	Scheduled Completion Date (11) 09 / 16 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1600 sf	☒	☐	☐	☐
1 st floor kitchen, 2 nd floor hallway	☐	☒	☐	asbestos floor tile	400 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 09/16/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 				Date 8/27/26			

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

RECEIVED

Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) 50566							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 649 Homestead Road							
		City, State, Zip Code Jackson, NJ 08527							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 370 Elton Adelphia Road									
City (5) Freehold	Square Feet 1250	# of Floors 1	Bldg. Age 65						
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. 732-349-9932	License No. 00624						
Start Date (10) 09 / 14 / 26	Scheduled Completion Date (11) 09 / 16 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1250 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 09/16/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature		Date			

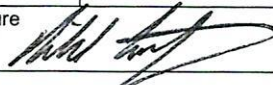
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) 337 Dodds Lane							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 337 Dodds Lane City, State, Zip Code Princeton, NJ 08540 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 16 Hillside Road		Square Feet 2300	# of Floors 2						
City (5) Princeton		Bldg. Age 60							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 10 / 26	Scheduled Completion Date (11) 09 / 11 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 120 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen	☐	☒	☐	asbestos floor tile		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 09/11/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 8/27/26			

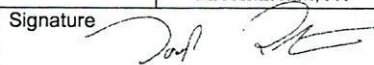
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) Rodak Builders LLC		RECEIVED SEP - 3 2026								
Agencies Notified		Type Notification		Street Address 6 Rockage Road								
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Warren, NJ. 07059								
				Name of Contact ASBESTOS CENSING								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE				Type of Facility (4)								
Street Address 26 Crest View Hill				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Livingston		Square Feet N/A		# of Floors N/A								
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Bldg. Age N/A								
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.		Telephone No. 973-333-5144								
				License No. 01274								
Start Date (10) 09/12/2026		Scheduled Completion Date (11) 09/15/2026		Name of OSHA Monitor EHW ABATEMENT LLC								
Occupancy Status During Abatement (Check Only One)				Street Address 89 FRANKLIN STREET								
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:				City, State, Zip Code PATERSON, NJ. 07524								
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								
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				
								Removal	Repair	Encapsulate	Enclosure	
EXTIRIOR SIDING		Yes	No	N/A	SIDING		3200		X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste TBD		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 09/03/2026						

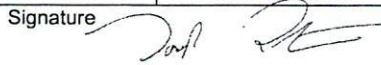
PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/1/26		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 73 Chestnut St.		City, State, Zip Code Emerson, NJ 07630							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 73 Chestnut St.		Square Feet 1900	# of Floors 2						
City (5) Emerson		Bldg. Age 60 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/28/26	Scheduled Completion Date (11) 9/30/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8 A.M to 4 P.M.		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥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
Kitchen		X		VAT	148 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 9/1/26			

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

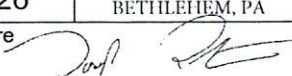
Date of Notification (1) 09/01/2026		Name of Building Owner/Operator (2) 258 WHITTIER AVE							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	258 WHITTIER AVE City, State, Zip Code DUNNELEN NJ 08812							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 258 WHITTIER AVE		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) DUNNELEN		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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.	License No. 1200						
Start Date (10) 09/23/2026		Scheduled Completion Date (11) 09/23/2026							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA Lead Professionals							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe:		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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				Pipe Insulation	180 LF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 6	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 09/23/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/01/2026			

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

Date of Notification (1) 09/01/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation							
Street Address 10 CEDAR AVE		City, State, Zip Code NORTH BRUNSWICK NJ							
Name of Contact ASBESTOS		Telephone Number 732-719-5649							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 10 CEDAR AVE		Square Feet	# of Floors						
City (5) NORTH BRUNSWICK NJ		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCN 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.	License No. 1200						
Start Date (10) 09/17/2026		Scheduled Completion Date (11) 09/17/2026							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe:		Street Address 6 White Dove Court City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ 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
Interior				Flooring	70 SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 09/17/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/01/2026			

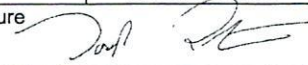
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 09/01/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	93 North Sunny Crest dr							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Little Silver NJ 07739							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 93 North Sunny Crest dr		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Little Silver		Square Feet	# of Floors						
County (6) Monmouth		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) 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) 09/15/2026		Scheduled Completion Date (11) 09/15/2026							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA Lead Professionals							
☐ Facility Closed/Vacated During Entire Period of Abatement		Street Address 6 White Dove Court							
☒ Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Lakewood, NJ, 08701							
☒ 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) <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				Pipe Insulation	90 LF	☒			
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 09/15/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/01/2026			

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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) 09/01/2026		Name of Building Owner/Operator (2) The Freemount Group							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 195 Prospect St							
		City, State, Zip Code East Orange, NJ, 07018							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Multi Family		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1807 N Mississippi Ave		Square Feet	# of Floors						
City (5) Atlantic City		Bldg. Age							
County (6) Atlantic	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.	License No. 1200						
Start Date (10) 09/10/2026	Scheduled Completion Date (11) 09/10/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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				Encapsulate Mastic	2000SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 09/10/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/01/2026			

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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) 8/24/26		MS# 26-130		Name of Building Owner/Operator (2)					
Agencies Notified		Type Notification		Street Address 674 Bogert Rd					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code River Edge, NJ 07661					
				Name of Contact		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 674 Bogert Rd				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) River Edge, NJ				Square Feet 1,300		# of Floors 2			
County (6) Bergen				County Code (7) (STATE USE ONLY)		Bldg. Age 90			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc			
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-345-8020			
Start Date (10) 09/08/26				Scheduled Completion Date (11) 09/11/26		License No. 01169			
Name of OSHA Monitor D&S Restoration, Inc									
Occupancy Status During Abatement (Check Only One)				Street Address 20 California Ave					
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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	110 LF	X			
Name of Registered Waste Hauler D&S Restoration, Inc				NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1 CYD		Name of Registered Landfill Tullytown Recourse Recovery	
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA			
Completed by Bogdan Joldzic				Title President		Signature <i>Bogdan Joldzic</i>		Date 08/24/2026	

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

ch# 0021

Date of Notification (1) 08/20/2026		Name of Building Owner/Operator (2) RDBB Developers		RECEIVED	
Agencies Notified		Type Notification		Street Address	
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		8701 Tonnelle Ave	
				City, State, Zip Code North Bergen NJ	
				Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Property				Type of Facility (4)	
Street Address 543 56th Street				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) West New York NJ				Square Feet 10000SF	# of Floors 2
				Bldg. Age +50	
County (6) Hudson County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) ACM Abatement Services LLC	
Street Address N/A				Street Address 31 Turnberry Road	
City, State, Zip Code N/A				City, State, Zip Code Little Falls NJ 07424	
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 201-218-4206	License No. 02150
Start Date (10) 8/31/2026		Scheduled Completion Date (11) 9/10/2026		Name of OSHA Monitor Hillman Consulting	
Occupancy Status During Abatement (Check Only One)				Street Address 1620 Route 22 East	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 7:00 AM to 4:00 PM				City, State, Zip Code Union NJ 07803	
Scope of Work (Check All That Apply)					
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Roof			x	Roofing material	1400 SF
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date		City, State 1061 Burma Rd New Philadelphia NJ	
Completed by Edwin Precilla		Title Principal		Signature <i>Edwin Precilla</i>	Date 8/20/2026

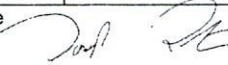
PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

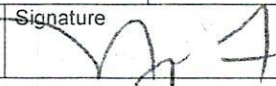
Date of Notification (1) 08/25/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	
Street Address 1741 Old Mill Rd		City, State, Zip Code Wall, NJ 07719	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1741 Old Mill Rd		Square Feet	
City (5) Wall		# of Floors	
County (6) Monmouth		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.	
Street Address		Name of Abatement Contractor (9) AAA Lead Professionals	
City, State, Zip Code		Street Address 6 White Dove Court	
Project Manager for Monitoring Firm		City, State, Zip Code Lakewood, NJ, 08701	
Telephone No.		Telephone No. 732-719-5649	
Start Date (10) 09/03/2026		License No. 1200	
Scheduled Completion Date (11) 09/03/2026		Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours Other – Describe:		Street Address 6 White Dove Court	
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		City, State, Zip Code Lakewood, NJ, 08701	
☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Interior		Floor Tile	
750SF		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	
City, State Lakewood, NJ		Cubic Yards of Waste 3	
Disposal Date 09/03/2026		Name of Registered Landfill IESI	
City, State BETHLEHEM, PA		Signature 	
Completed by JOSEPH PERLSTEIN		Title OWNER	
Date 08/25/2026		Date 08/25/2026	

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

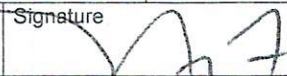
RECEIVED

Date of Notification (1) 08/25/2026		Name of Building Owner/Operator (2) EMES CONTRACTING							
Agencies Notified	Type Notification	Street Address 715 CYPRESS AVE							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code LAKEWOOD NJ 08701							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 715 CYPRESS 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.	Telephone No. 732-719-5649						
		License No. 1200							
Start Date (10) 09/03/2026		Scheduled Completion Date (11) 09/03/2026							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____		Name of OSHA Monitor AAA Lead Professionals							
		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	1500 SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 5	Name of Registered Landfill TEST					
City, State Lakewood, NJ		Disposal Date 09/03/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 08/25/2026			

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

Date of Notification (1) 08 / 25 / 26		Name of Building Owner/Operator (2) Potts Excavating, Inc.		RECEIVED 50760					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 316 Main Street		AUG 28 2020					
		City, State, Zip Code West Creek, NJ 08092							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 16 S Barnegat Avenue									
City (5) Surf City		Square Feet 2000	# of Floors 2	Bldg. Age 80					
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 04 / 26		Scheduled Completion Date (11) 09 / 09 / 26		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	2250 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey			Disposal Date 09/09/26	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/5/26			

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

Date of Notification (1) 08 / 25 / 26		Name of Building Owner/Operator (2) Kessler Excavation & Demolition							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 857 Farmingdale Road							
		City, State, Zip Code Jackson, NJ 08527							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1300 Route 9		Square Feet 1300	# of Floors 1						
City (5) Howell		Bldg. Age 80							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 04 / 26	Scheduled Completion Date (11) 09 / 09 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-front house	☐	☒	☐	asbestos siding	1300 sf	☒	☐	☐	☐
exterior-back house	☐	☒	☐	asbestos siding	1300 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 09/09/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/25/26			

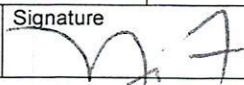
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) Tradewinds Builders, LLC	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 2908 Baltic Avenue	
		City, State, Zip Code Beach Haven Gardens, NJ 08008-2646	
		Name of Contact _____ Telephone Number _____	

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AUG 31 2026
DEPT. OF TREASURY & LICENSING

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 27 W. Nevada Avenue					
City (5) LB Twp			Square Feet 2000	# of Floors 2	Bldg. Age 80
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932	License No. 00624	
Start Date (10) 09 / 10 / 26		Scheduled Completion Date (11) 09 / 14 / 26		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 1056 Stelton		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	

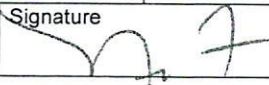
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	2900 sf	☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 09/14/26		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 8/27/26	

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

Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) Shore Home Builders, Inc.							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address P O Box 288							
		City, State, Zip Code Navesink, NJ 07752							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 248 Van Kirk Avenue									
City (5) Atlantic Highlands	Square Feet 1100	# of Floors 2	Bldg. Age 150						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 09 / 26	Scheduled Completion Date (11) 09 / 11 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1800 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 09/11/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/27/26			

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

Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address P O Box 188							
		City, State, Zip Code Spring Lake, NJ 07762							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 113 5th Avenue									
City (5) Bradley Beach		Square Feet 400	# of Floors 1						
		Bldg. Age 80							
County (6) Monmouth		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 08 / 26	Scheduled Completion Date (11) 09 / 09 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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-garage	☐	☒	☐	asbestos siding	600 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 09/09/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/27/26			

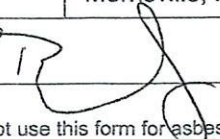
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ASBES _____ TENSING _____

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

RECEIVED

9/25 6125 *Emergency*

Date of Notification (1) 9/2/26		Name of Building Owner/Operator (2) SEP - 8 2026							
Agencies Notified	Type Notification	Street Address 57 Diverty Road							
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	City, State, Zip Code Hopewell, New Jersey							
☒ DOH ☐ DCA	☒ Emergency (including justification) ☐ Cancellation	Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 57 Diverty Road		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hopewell	Square Feet 1800	# of Floors 1	Bldg. Age 75+						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029						
Start Date (10) 9/3/26	Scheduled Completion Date (11) 9/5/26	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If		☒ 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 wrap	12lf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Fairless/ MCIA					
City, State Colts Neck, New Jersey			Disposal Date 9/14/26	City, State Morrissville, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 9/2/26			

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) August 28, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified ☒ EPA ☒ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH		Notification Type ☐ Initial Notification ☒ Amended Notification #1 - New Completion Date ☐ Emergency (including justification) ☐ Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BROWER COMMONS, BLDG# 3085		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm JOHN LUTZ		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 08/03/2026		Scheduled Completion Date (11) 09/16/2026	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement ☒ Other- Describe: Shift Schedule: 3PM - 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
☐ ≥ 3 sf or >3 lf ☒ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove bag Procedure / Wrap & Cut ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
3rd Floor Penthouse MER 301	☒	Fiberglass Duct Insulation (with Asbestos glue pins underneath)	4800 SF (34 SF)
3rd Floor Penthouse MER 301	☒	Duct Insulation	1100 SF
3rd Floor Penthouse MER	☒	Pipe & Fitting Insulation	468 LF
3rd Floor Penthouse MER	☒	Tank Insulation	130 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 160 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 09/16/2026	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 August 28, 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 12:120)

Courtesy

Date of Notification (1) 9/4/2026		Name of Building Owner/Operator (2) NJ TRANSIT - PENN STATION							
Agencies Notified	Type Notification	Street Address 1 RAYMOND PLAZA							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code NEWARK NJ 07102							
		Name of Contact ZACH DOUGLAS (G.C.)	Telephone Number 609-317-5562						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ TRANSIT - PENN STATION		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 RAYMOND PLAZA		Square Feet 200,000	# of Floors 4						
City (5) NEWARK, NJ 07102		Bldg. Age 91							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) TRAIN STATION							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS		ASCM No.	Name of Abatement Contractor (9) ECOSERVILLES, LLC						
Street Address 3 TERRE LANE		Street Address 303B NATIONAL ROAD							
City, State, Zip Code BURLINGTON NJ 08016		City, State, Zip Code EXTON PA 19341							
Project Manager for Monitoring Firm EVAN CAULER		Telephone No. 609386 8800	Telephone No. 484-872-8444						
Start Date (10) 9/8/2026		Scheduled Completion Date (11) 9/25/2026	License No.						
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours Other - Describe: ROOF UNOCCUPIED AREA.		Name of OSHA Monitor ECOSERVILLES, LLC							
		Street Address 303B NATIONAL ROAD							
		City, State, Zip Code EXTON PA 19341							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ Renovation (ROOF) ☐ 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
MAIN STATION ROOF	X			FELT PAPER ON PARAPET	3,000 SF	X			
MAIN STATION ROOF	X			PERIMETER OF 1 DOOR	1 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill FAIRLESS LANDFILL					
City, State NEWARK, NJ		Disposal Date 9/25/26		City, State MORRISVILLE, PA					
Completed by D.J. BINIAROSKY		Title PROJECT MANAGER	Signature D.J. Biniarosky	Date 9/3/26					

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

Date of Notification (1) 8 / 25 / 26			Name of Building Owner/Operator (2) SRI International						
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 201 Washington Rd City, State, Zip Code Princeton, NJ 08540 Name of Contact Michael Davis Telephone Number 609-734-2538					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SRI International				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 201 Washington Rd				Square Feet					
City (5) Princeton				# of Floors 50+					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Exterior					
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007		License No. 02121					
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 610-865-0031		Telephone No. 215-788-6040					
Start Date (10) 9 / 4 / 26		Scheduled Completion Date (11) 9 / 4 / 26		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 15 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Steam Tunnel	☐	☒	☐	Steam Condensate Pipe Insulation		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>			Date 8/25/26		

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

REC-1005924

Date of Notification (1) 8/10/2026		Name of Building Owner/Operator (2) James Caldwell Elementary School							
Agencies Notified	Type Notification	Street Address 36 Caldwell PLace							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Springfield NJ 07081							
		Name of Contact Gus	Telephone Number 908-442-5755						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jame Caldwell Elementary School		Type of Facility (4)							
Street Address 139 Mountain Ave		☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Springfield NJ		Square Feet 25000SF	# of Floors 2 floors						
County (6) Union County		County Code (7) (STATE USE ONLY)	Bldg. Age +50						
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consulting		ASCM No. N/A	Name of Abatement Contractor (9) ACM Abatement Services LLC						
Street Address 20-21 Wagaraw Road Building 35 E		Street Address 31 Turnberry Road							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Little Falls NJ 07424							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-568-3638	Telephone No. 201-218-4206						
Start Date (10) 8/13/2026		Scheduled Completion Date (11) 8/26/2026	License No. 02150						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Envirovision Consulting							
☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:00 AM to 4:00 PM		Street Address 20-21 Wagaraw Road Building 35 E							
		City, State, Zip Code Fair Lawn NJ 07410							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf									
☒ Renovation ☐ Demolition									
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Boys bathroom 1st floor			X	plaster ceiling and Walls	368 SF	X			
Girls Bathroom 2nd floor			X	Ceiling plaster and walls	332 SF	X			
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill				
City, State 60 Riverdale Rd Riverdale NJ				Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ				
Completed by Edwin Precilla		Title Principal		Signature <i>Edwin Precilla</i>		Date 8/10/2026			

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

Check # 4701

Date of Notification (1) 8 / 31 / 26		Name of Building Owner/Operator (2) Princeton University-Facilities Operations							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address MacMillan Building, Elm Drive							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Eric Emery	Telephone Number 609-258-3432						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Engineering Quad		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Olden St		Square Feet	# of Floors 63						
City (5) Princeton		Bldg. Age 63							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Dynamic Erath		ASCM No. 161	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 826 Newtown Yardley Rd, Suite 201		Street Address 1123 BEAVER STREET							
City, State, Zip Code Newtown, PA 1940		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Julian Fernandez-Obregon		Telephone No. 267-685-0276	Telephone No. 215-788-6040						
License No. 02121									
Start Date (10) 9 / 21 / 26	Scheduled Completion Date (11) 10 / 2 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Lab A414	☐	☒	☐	Floor tile and mastic	800 SF	☒	☐	☐	☐
Lab A414	☐	☒	☐	Fume Hood Transite panels	50SF	☒	☐	☐	☐
Lab A414	☐	☒	☐	Duct Work Coating	50 SF	☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>				Date 8/31/26			

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

Date of Notification (1) 8-31-26		Name of Building Owner/Operator (2) CALVARY BIBLE TABERNACLE							
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 47 N 23RD ST		City, State, Zip Code CAMDEN NJ 08105							
Name of Contact DEACON DENNIS DESCHUTES		Telephone Number 609 505 2030							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CALVARY BIBLE TABERNACLE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 47 N 23RD ST		Square Feet NA							
City (5) CAMDEN		# of Floors 1							
County (6) CAMDEN		Bldg. Age NA							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) CHURCH							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECT		ASCM No. _____							
Street Address PO BOX 11645		Name of Abatement Contractor (9) FRYMAR CONST.							
City, State, Zip Code PHILA PA 19116		Street Address 103 PRESERVE LN							
Project Manager for Monitoring Firm JASON DUA		City, State, Zip Code M. WALES PA 19454							
Telephone No. 267-784-4693		Telephone No. 267-784-4694							
Start Date (10) 9-14-26		License No. 01276							
Scheduled Completion Date (11) 9-18-26		Name of OSHA Monitor JASON DUA							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address PO BOX 11645							
		City, State, Zip Code PHILA PA 19116							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 AUDITORIUM			✓	TILE	3,000 SF	✓			
1ST FLOOR			✓	JOINT COMPOUND	130 SF	✓			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0037659		Cubic Yards of Waste NA	Name of Registered Landfill WESTERN BERKS CL.				
City, State M. WALES PA		Disposal Date NA		City, State BIRDBORO PA					
Completed by EFRAIM DUA		Title VP		Signature <i>[Signature]</i>		Date 8-31-26			

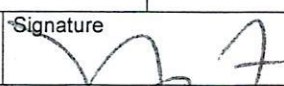
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

B & G Project # 2026-136

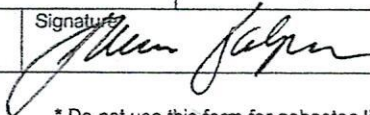
Check # 13867

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) County College of Morris	
Agencies Notified	Type Notification	Street Address 214 Center Grove Rd.	
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Randolph, NJ 07869	
		Name of Contact Charlene Garcia	Telephone Number 973-328-5500
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) County College of Morris		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 37 Myrtle Avenue		Square Feet	# of Floors
City (5) Dover		Bldg. Age	
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASC No. 79	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address 20-21 Wagaraw Road, Bldg 35-E		Street Address 1234 Route 23	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larsen		Telephone No. 973-636-9145	License No. 00378
Start Date (10) 09-14-2026		Scheduled Completion Date (11) 09-19-2026	Name of OSHA Monitor B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	
Scope of Work (Check All That Apply)			
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition	
		☐ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
HVAC Lab Room 150		X	Pipe Insulation
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 10
City, State Butler, NJ		Name of Registered Landfill Grand Central Landfill	
		Disposal Date 09/21/2026	City, State Pen Argyl, PA
Completed by Gordana Luna	Title Secretary / Treasurer	Signature Gordana Luna	Date 09/03/2026

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

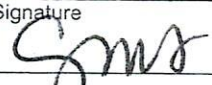
Date of Notification (1) 08 / 27 / 26		Name of Building Owner/Operator (2) Ion Bank	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 251 Church Street	
		City, State, Zip Code Naugatuck, CT 06770	
		Name of Contact Phil Vaz	Telephone Number 862-777-8548
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ion Bank		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 189 County Road			
City (5) Cresskill	Square Feet 2000	# of Floors 1	Bldg. Age 60
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 256A Jefferson Court		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Lakewood, NJ 08701		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 908-862-4301	Telephone No. 732-349-9932
Start Date (10) 09 / 12 / 26		Scheduled Completion Date (11) 09 / 13 / 26	License No. 00624
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor E.M.S.L. Analytical	
Street Address 1056 Stelton		City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)			
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ 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)
	Yes	No	
bathroom	☐	☒	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
Amount (Specify SF or LF) 365 sf		Abatement Type	
		Removal	Repair
		☒	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3
City, State Toms River, New Jersey		Name of Registered Landfill Fairless Landfill	
Disposal Date 09/13/26		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/27/26

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

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) Oratory Prep School							
Agencies Notified	Type Notification	Street Address 425 Morris Ave.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Summit, NJ 07901							
		Name of Contact Billy Crum	Telephone Number 908-273-1084						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oratory Prep School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 425 Morris Ave.		Square Feet 50,000	# of Floors 2						
City (5) Summit		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 0079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 20-21 Wagaraw Road, Bldg 35 E		Street Address 34 Deforest Ave. Suite 1							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code East Hanover, NJ 07936							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	License No. 00666						
Start Date (10) 09/18/2026	Scheduled Completion Date (11) 09/18/2026	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 34 Deforest Ave. Suite 1							
		City, State, Zip Code East Hanover, NJ 07936							
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
Parents Guild Closet 2nd level		X		Thermal System Insulation	8 LF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Waste management					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 09/03/2026			

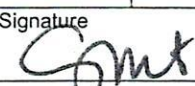
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>9</u> / <u>4</u> / <u>26</u>		Name of Building Owner/Operator (2) PSEG / Job #2502-6397		Check # 18167					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # <u>5</u> ☐ Emergency (including justification) ☐ 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) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 157 S 14th Street									
City (5) Newark			Square Feet	# of Floors	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation						
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>9</u> / <u>10</u> / <u>26</u>		Scheduled Completion Date (11) <u>9</u> / <u>11</u> / <u>26</u>		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <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)									
☐ ≥ 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
Vault Circuit 4020- CET 4016, CET 4021	☐	☒	☐	Cable Sock Insulation	2,500 LF	☒	☐	☐	☐
1st Floor	☐	☒	☐	Green Wall Paint	105 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Flanders, NJ		Disposal Date 9/11/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9-4-26			

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

RECEIVED

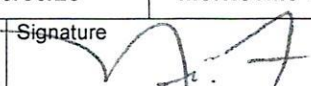
Date of Notification (1) 9 / 4 / 26		Name of Building Owner/Operator (2) PSEG / Job #2609-6627		Check # 18168					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Sandeep Singh					
				Telephone Number 1-908-217-5362					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG West End M&R				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 65 Duffield Avenue									
City (5) Jersey City				Square Feet	# of Floors				
				Bldg. Age					
County (6) Hudson		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) M&R Station					
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-240-1800		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 9 / 15 / 26		Scheduled Completion Date (11) 10 / 2 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 9000 Commerce Pkwy. Suite B City, State, Zip Code Mount Laurel, NJ 08054					
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Bldg. 128	☐	☒	☐	Asbestos Paint	100 LF	☒	☐	☐	☐
TR Building	☐	☒	☐	Asbestos Paint	50 LF	☒	☐	☐	☐
Exterior	☐	☐	☒	Asbestos Paint	1,500 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Flanders, NJ				Disposal Date 10/2/26	City, State Morrisville, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9-4-26			

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

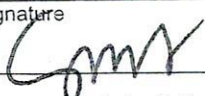
RECEIVED

Date of Notification (1) 9-2-26		Name of Building Owner/Operator (2) PBF Energy Paulsboro Refinery							
Agencies Notified	Type Notification	Street Address 700 Billingsport Rd							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Paulsboro, NJ 08066							
		Name of Contact David Cossaboon	Telephone Number 610-715-7471						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PBF Energy Paulsboro Refinery		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 700 Billingsport Rd		Square Feet 480	# of Floors 1						
City (5) Paulsboro		Bldg. Age ???							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.T. Thorpe & Son, Inc						
Street Address		Street Address 1060 Hensley St							
City, State, Zip Code		City, State, Zip Code Richmond, CA 94801-2217							
Project Manager for Monitoring Firm		Telephone No. 510-233-2500	License No. 02120						
Start Date (10) 9-14-26	Scheduled Completion Date (11) 10-30-26	Name of OSHA Monitor IRIS Enviromental Laboratories							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Atmosheric Heater(Refinery Operations)</u>		Street Address 2333 US Highway 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Atmospheric Heater CU7 07-F-01			X	Thermal Insulation	480 SF	X			
Name of Registered Waste Hauler Waste Masters		NJDEP Waste Hauler ID No. 0234246	Cubic Yards of Waste 14 CY	Name of Registered Landfill Fairless Landfill					
City, State New Castle, De			Disposal Date TBD	City, State Morrisville, Pa					
Completed by David Cossaboon		Title Director of East Coast Oper.	Signature			Date 9-2-26			

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

Date of Notification (1) 09 / 03 / 26		Name of Building Owner/Operator (2) Greg Lertch Demolition							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 1516 Adrienne Road							
		City, State, Zip Code Wall, NJ 07719							
		Name of Contact Russell Lorusso	Telephone Number 908-489-6144						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Hotel		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1505 North Ocean Avenue									
City (5) Seaside Park		Square Feet 100,000	# of Floors 3						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 80						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 04 / 26	Scheduled Completion Date (11) 09 / 09 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 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) 300 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior wall	☐	☒	☐	asbestos siding		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey			Disposal Date 09/03/26	City, State Morrisville Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/3/26			

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

Date of Notification (1) 9 / 4 / 26		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		Job # 2608-6625 Check#					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 315 Cold Soil Rd. City, State, Zip Code Princeton, NJ 08540 Name of Contact Kevin Schmidt					
				Telephone Number 610-755-8956					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #74170				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 112 Eisenhower Parkway				Square Feet					
City (5) Livingston				# of Floors					
County (6) Essex				Bldg. Age					
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.		License No.					
		609-265-2107		00529					
Start Date (10) 9 / 8 / 26		Scheduled Completion Date (11) 9 / 11 / 26		Name of OSHA Monitor IATL Analytical					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM				Street Address 9000 Commerce Parkway Suite B City, State, Zip Code Mt Laurel, NJ 08054					
Scope of Work (Check all that apply)									
☒ >3 sf or >3 lf ☐ >160 sf or >260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior #74170 Dig	☐	☐	☒	Coal Tar Wrap- 36" Line	10 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 9/11/26		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9-4-26		

5998

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Print Form

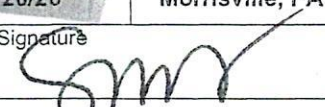
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

8/31/26		Name of Building Owner/Operator (2) Brotherhood Christian Church				SEP - 4 2026					
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☒ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 49 Reid Street		City, State, Zip Code South River, NJ 08882					
				Name of Contact Scott Leiberman		Telephone Number 347-697-0737					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Church				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 49 Reid Street				Square Feet 11,320							
City (5) South River, NJ				# of Floors 2		Bldg. Age 76					
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) JCR Management Specialist LLC					
Street Address				Street Address 306 Victor Place							
City, State, Zip Code				City, State, Zip Code Neptune, NJ 07753							
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 732-403-1471					
License No. 02087											
Start Date (10) 9/8/26		Scheduled Completion Date (11) 9/12/26		Name of OSHA Monitor JCR Management Specialist LLC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:				Street Address 306 Victor Place							
				City, State, Zip Code Neptune, NJ 07753							
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) 1000		Abatement Type			
		Yes No N/A	Removal Repair Encapsulate Enclosure								
Front entrance		Yes No N/A	x	VAT & Mastic		1000		x			
Name of Registered Waste Hauler Century Waste				NJDEP Waste Hauler ID No. 482653		Cubic Yards of Waste 10		Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ				Disposal Date 9/18/26		City, State Morrisville, PA					
Completed by John C Riley				Title Owner		Signature <i>John Riley</i>		Date 8/31/26			

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

RECEIVED

Date of Notification (1) 9 / 2 / 26		Name of Building Owner/Operator (2) PSEG / Job #2604-6562		Check #18166				
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ				
Name of Contact Michael Bastidas				Telephone Number 908-206-6947				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG Orange Gas HQ Main Building				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 284 North Park Street				Square Feet				
City (5) East Orange				# of Floors				
County (6) Essex				Bldg. Age				
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished) Headquarters						
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121		Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800		License No. 00529				
Start Date (10) 9 / 14 / 26		Scheduled Completion Date (11) 11 / 20 / 26		Name of OSHA Monitor IATL				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 9000 Commerce Pkwy. Suite B City, State, Zip Code Mount Laurel, NJ 08054				
Scope of Work (Check all that apply)								
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED	☐	☐	☒	SEE ATTACHED	☒	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40		Name of Registered Landfill Fairless Landfill		
City, State Flanders, NJ		Disposal Date 11/20/26		City, State Morrisville, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9-2-26		



Please authorize this work to be completed by signing in the space provided and faxing this proposal back to our office @ (609) 265-2109.

Authorized Signature

SCOPE OF WORK

T&M Budget Pricing

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

Main Building Basement:

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

1ST Floor:

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

2ND Floor:

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

Welding Shop:

- 50 LF Asbestos Window Caulk.

Welding Shop:

- 5,000 SF Asbestos Wall Paint.

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

RECEIVED

Date of Notification (1) 8/20/26		Name of Building Owner/Operator (2) 109 colgate ave							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 109 Colgate Ave City, State, Zip Code Sommerdale, NJ 08083 Name of Contact _____						
			Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Residence Street Address 109 Colgate Ave City (s) Sommerdale, NJ 08083 County (6) Camden		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.) Square Feet 1900sf # of Floors 2 Bldg. Age 45 yrs Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Camden		Name of Abatement Contractor (9) AEi2, LLC Street Address PO Box 499 City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm Telephone No. 609-381-2990		License No. 00689							
Start Date (10) 8/30/26		Scheduled Completion Date (11) 9/19/26							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor AEi2, LLC Street Address PO Box 499 City, State, Zip Code Hammonton, NJ 08037							
Scope of Work (Check all that apply) ☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Basement			X	Floor Tile	600 sf	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 4	Name of Registered Landfill TBD					
City, State TBD, NJ		Disposal Date TBD		City, State NJ					
Completed By Wm. Minnick		Title Program Mgr.		Signature 				Date 8/20/26	

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

Date of Notification (1) 8/28/26		MS# 26-132		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 276 Broad St City, State, Zip Code Newark, NJ 07104 Name of Contact Telephone Number & LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 276 Broad St				Square Feet 1,300					
City (5) Newark, NJ				# of Floors 2					
County (6) Essex				Bldg. Age 100					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc				
Street Address			Street Address 20 California Ave						
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503						
Project Manager for Monitoring Firm			Telephone No.		License No. 01169				
Start Date (10) 09/11/26			Scheduled Completion Date (11) 09/14/26		Name of OSHA Monitor D&S Restoration, Inc				
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				Street Address 20 California Ave					
				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf		☒ Renovation		☐ Full Containment with Negative Pressure					
☐ ≥160 sf or ≥260 lf		☐ Demolition		☒ Mini-Enclosure					
				☒ Glovebag Procedure					
				☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room		X		Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler D&S Restoration, Inc			NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1/2 CYD	Name of Registered Landfill Tullytown Recource Recovery			
City, State 20 California Ave Paterson, NJ 07503					Disposal Date TBD	City, State Tullytown, PA			
Completed by Bogdan Joldzic			Title President		Signature <i>Bogdan Joldzic</i>		Date 08/28/2026		

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

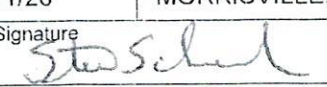
CHK # 1956

Date of Notification (1) 8/12/2026		Name of Building Owner/Operator (2) 231 Milltown LLC							
Agencies Notified	Type Notification	Street Address PO Box 456							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Brookside, NJ 07926							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address 231 Milltown Rd.		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) East Brunswick, NJ 08816		Square Feet 1,887	# of Floors 2						
County (6) Middlesex		Bldg. Age 1947							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 8/22/2026	Scheduled Completion Date (11) 8/24/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation Residue	100 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>			Date 8/12/2026			

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

Check # 12029

RECEIVED

Date of Notification (1) AUG 27, 2026		Name of Building Owner/Operator (2) AUG 31 2026							
Agencies Notified	Type Notification	Street Address 54 ROOSEVELT AVENUE							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code MORGANVILLE, NJ 07751							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 54 ROOSEVELT AVENUE		Square Feet	# of Floors 1						
City (5) MORGANVILLE, NJ 07751		Bldg. Age 65+-							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC						
Street Address P.O. BOX 337		Street Address P.O. BOX 337							
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533							
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	Telephone No. 609-744-6384						
Start Date (10) SEPT 8, 2026		Scheduled Completion Date (11) SEPT 10, 2026							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor EPC TECHNOLOGIES, INC							
		Street Address P.O. BOX 337							
		City, State, Zip Code NEW EGYPT, NJ 08533							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT AREA	XXX			9X9 FLOOR TILES	600 SF	XX			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill FAIRLESS LANDFILL					
City, State NEW EGYPT, NJ 08533		Disposal Date 9/11/26		City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT		Signature 			Date 08/27/26		

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

Check# 1347

Date of Notification (1) 08/27/2026		Name of Building Owner/Operator (2) 114 US Highway 46 City, State, Zip Code Mine Hill, NJ 07803	
Agencies Notified	Type Notification	Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	114 US Highway 46 City, State, Zip Code Mine Hill, NJ 07803 Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 114 US Highway 46		Square Feet	# of Floors
City (5) Mine Hill, NJ 07803		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC
Street Address		Street Address 576 Valley Road#283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-356-3511	License No. 01127
Start Date (10) 09/07/2026	Scheduled Completion Date (11) 09/08/2026	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	☐ Full Containment with Negative Pressure
☐ ≥160 sf or ≥260 lf	☐ Demolition	☒ Mini-Enclosure
		☒ Glovebag Procedure
		☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-utility room			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 08/27/2026	

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

RECEIVED

Date of Notification (1) 08/25/2026		Name of Building Owner/Operator (2) AUG 28 2026							
Agencies Notified	Type Notification	Street Address 2962 Franklin Oaks Drive							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Oak Hill, VA 20171							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 174 Sutton Drive		Square Feet	# of Floors						
City (5) Berkeley Heights		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) 09/05/2026	Scheduled Completion Date (11) 09/30/2026	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
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	VAT	770 SF	X			
1st Floor			X	VAT	660 SF	X			
Name of Registered Waste Hauler Century Waste LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Jacqueline Anello		Title Office Administrator	Signature Jacqueline Anello			Date 08/25/2026			

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

B & G Project # 2026-133

Check # **13855**

Date of Notification (1) 08/25/2026		Name of Building Owner/Operator (2)						
Agencies Notified	Type Notification	Street Address						
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	109 Gould Ave. City, State, Zip Code North Caldwell, NJ 07006 Name of Contact Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 109 Gould Ave.		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
City (5) North Caldwell		Square Feet	# of Floors					
County (6) Essex		Current Use (Prior if being demolished) residential						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.					
Street Address		Street Address 1234 Route 23						
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405						
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378					
Start Date (10) 09/04/2026		Scheduled Completion Date (11) 09/05/2026						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor B & G Restoration, Inc.						
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: occupied		Street Address 1234 Route 23						
		City, State, Zip Code Butler, NJ 07405						
Scope of Work (Check All That Apply)								
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition						
		☐ Wrap and Cut ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Boiler room/garage			X	pipe insulation		X		
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill				
City, State Butler, NJ		Disposal Date 09/08/2026		City, State Pen Argyl, PA				
Completed by Gordana Luna		Title Secretary / Treasurer	Signature Gordana Luna		Date 08/25/2026			

13853

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

Check # 13853

RECEIVED

AUG 27 2026

ASBESTOS

Date of Notification (1) 8-24-26		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	12 Sherwood Road City, State, Zip Code Springfield, NJ 07081							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
12 Sherwood Road									
City (5)		Square Feet	# of Floors						
Springfield			Bldg. Age						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Union		residential							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
		B & G Restoration, Inc.							
Street Address		Street Address							
		1234 Route 23							
City, State, Zip Code		City, State, Zip Code							
		Butler, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-696-6869	00378						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
9-8-26	9-11-26	B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: occupied		1234 Route 23							
		City, State, Zip Code							
		Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition							
		☐ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 living room ceiling			X	Joint compound/Sheetrock	288 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
B & G Restoration Inc.		19563	5	Grand Central Landfill					
City, State		Disposal Date		City, State					
Butler, NJ		9-12-26		Pen Argyl, PA					
Completed by		Title	Signature			Date			
Gordana Luna		Secretary / Treasurer	<i>Gordana Luna</i>			08/24/2026			

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

CHK # 1957

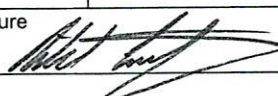
Date of Notification (1) 8/19/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 199 Gates Ave.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Jersey City, NJ 07305 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 199 Gates Ave.		Square Feet 3,118	# of Floors 2						
City (5) Jersey City, NJ 07305		Bldg. Age 1925							
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) 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) 8/30/2026	Scheduled Completion Date (11) 9/3/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: <u>OCCUPIED</u>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Boiler Insulation	50 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>			Date 8/19/2026			

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

CHK # 1955

Date of Notification (1) 8/19/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 68 Mills St.							
☐ EPA ☐ DEP ☒ DOL	☒ Initial ☐ Amended Amendment #	City, State, Zip Code Morristown, NJ 07960							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 68 Mills St.		Square Feet 2,578	# of Floors 2						
City (5) Morristown, NJ 07960		Bldg. Age 1876							
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) 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) 8/29/2026	Scheduled Completion Date (11) 9/2/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: OCCUPIED		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	200 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 8/19/2026			

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

Date of Notification (1) 8/26/26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 15 Ridgewood Dr. AUG 31 2026							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 Ridgewood Dr.		Square Feet 2700	# of Floors 2						
City (5) Livingston		Bldg. Age 60 +/-							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/14/26	Scheduled Completion Date (11) 9/17/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl		X		VAT	710 SF	X			
2nd Fl		X		VAT	515 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 8 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ			Disposal Date TBD	City, State Easton, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 8/26/26			

75355



PAID

Print Form

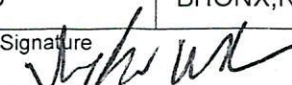
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/11/26		Name of Building Owner/Operator (2) GDC		RECEIVED	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address 3 Penn Plaza, 10th Floor City, State, Zip Code Newark, NJ 07105 Name of Contact ASBESTOS Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address 1700 Clinton Street City (5) Hoboken County (6) Hudson County			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 1 95 years		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Tectonic Engineering Consultants, Inc.		ASCM No. 00152		Name of Abatement Contractor (9) International Asbestos Removal, Inc.	
Street Address 33 Bleeker Street, Suite 206 City, State, Zip Code Milburn, NJ 07041		Street Address 119 Cooper Street City, State, Zip Code Babylon, NY 11702			
Project Manager for Monitoring Firm Joseph Kinsella		Telephone No. 845-534-5959		Telephone No. 718-335-0304 License No. 02017	
Start Date (10) 8/31/26		Scheduled Completion Date (11) 12/31/26		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Not normally occupied				Street Address 335 West 38th Street, Suite 202 City, State, Zip Code New York, NY 10018	
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Ground Level outside structure		X		Expansion Joint Caulking	
Name of Registered Waste Hauler Cardella Trucking Co		NJDEP Waste Hauler ID No. NJ-851		Cubic Yards of Waste 10 CY	
City, State North Bergen, NJ		Disposal Date		Name of Registered Landfill WM Fairless Landfill	
City, State Morrisville, PA					
Completed by Jason Pastore		Title Director of Env Services		Signature Date 8/11/26	

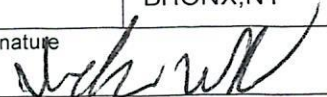
RECEIVED

Do not use this form for asbestos licensure exempted activities.

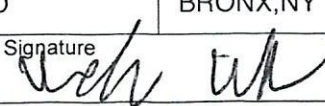
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/26/2026		Name of Building Owner/Operator (2) MARCUS ASSOCIATE LLC					
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 27 PARK PLACE					
		City, State, Zip Code BLOOMFIELD, NJ. 07003					
		Name of Contact MIKE BONFIGLIO	Telephone Number 914-826-7221				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BUILDING APARTMENT		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 27 PARK PL		Square Feet N/A	# of Floors N/A				
City (5) BLOOMFIELD		Bldg. Age N/A					
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8) ELITE EHS CONSULTANT LLC		ASCM No. _____	Name of Abatement Contractor (9) EHW ABATEMENT LLC				
Street Address 2520 42ND STREET, #1C		Street Address 89 FRANKLIN STREET					
City, State, Zip Code ASTORIA, NY. 11103		City, State, Zip Code PATERSON, NJ. 07524					
Project Manager for Monitoring Firm ANDRES AUQUILLA		Telephone No. 516-708-5343	License No. 01274				
Start Date (10) 09/07/2026	Scheduled Completion Date (11) 10/30/2026	Name of OSHA Monitor EHW ABATEMENT LLC					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 89 FRANKLIN STREET					
		City, State, Zip Code PATERSON, NJ. 07524					
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					
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			
				Removal	Repair	Encapsulate	Enclosure
UNIT # 10	X	WALL/CEILING PLASTER	2000 SF	X			
UNIT #9	X	WALL/ CEILING PLASTERL	100 SF	X			
2ND FLOOR HALWAY	X	WALL/CEILING PLASTER	1500 SF	X			
1ST FLOOR HALLWAY	X	WALL/CEILING PLASTER	300 SF	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 08/26/2026		

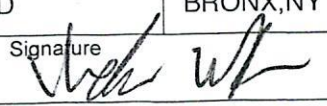
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/26/2026		Name of Building Owner/Operator (2) MARCUS ASSOCIATE LLC							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 27 PARK PLACE							
		City, State, Zip Code BLOOMFIELD, NJ 07003							
		Name of Contact MIKE BONFIGLIO	Telephone Number 914-826-7221						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BUILDING APARTMENT		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 27 PARK PL		Square Feet N/A	# of Floors N/A						
City (5) BLOOMFIELD		Bldg. Age N/A							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ELITE EHS CONSULTANT LLC		ASCM No. _____	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address 2520 42ND STREET, #1C		Street Address 89 FRANKLIN STREET							
City, State, Zip Code ASTORIA, NY 11103		City, State, Zip Code PATERSON, NJ 07524							
Project Manager for Monitoring Firm ANDRES AUQUILLA		Telephone No. 516-708-5343	Telephone No. 973-333-5144						
		License No. 01274							
Start Date (10) 09/07/2026	Scheduled Completion Date (11) 10/30/2026	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ 07524							
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							
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
BOILER RM/WORKSHOP		X		WALL/CEILING PLASTER	1200 SF	X			
BASEMENT APARTMENT		X		WALL/ CEILING PLASTERL	1500 SF	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 08/26/2026		

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

Date of Notification (1) 08/26/2026			Name of Building Owner/Operator (2) MARCUS ASSOCIATE LLC							
Agencies Notified		Type Notification		Street Address 27 PARK PLACE						
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code BLOOMFIELD, NJ. 07003						
				Name of Contact MIKE BONFIGLIO						
				Telephone Number 914-826-7221						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) BUILDING APARTMENT				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 27 PARK PL				Square Feet N/A						
City (5) BLOOMFIELD				# of Floors N/A						
County (6) ESSEX				Bldg. Age N/A						
County Code (7) (STATE USE ONLY) _____			Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ELITE EHS CONSULTANT LLC			ASCM No. _____		Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address 2520 42ND STREET, #1C			Street Address 89 FRANKLIN STREET							
City, State, Zip Code ASTORIA, NY. 11103			City, State, Zip Code PATERSON, NJ. 07524							
Project Manager for Monitoring Firm ANDRES AUQUILLA			Telephone No. 516-708-5343		Telephone No. 973-333-5144					
					License No. 01274					
Start Date (10) 09/07/2026		Scheduled Completion Date (11) 10/30/2026		Name of OSHA Monitor EHW ABATEMENT LLC						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address 89 FRANKLIN STREET						
				City, State, Zip Code PATERSON, NJ. 07524						
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						
Asbestos-	Location of 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
	UNIT # 17		X		WALL/CEILLING PLASTER	1200 SF	X			
	UNIT#16		X		WALL/ CEILLING PLASTERL	100 SF	X			
	3RD FLOOR HALWAY		X		WALL/CEILLING PLASTER	1600 SF	X			
	UNIT# 12		X		WALL/CEILLING PLASTER	400 SF	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 08/26/2026			

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

Date of Notification (1) 08/26/2026			Name of Building Owner/Operator (2) MARCUS ASSOCIATE LLC				
Agencies Notified		Type Notification		Street Address 27 PARK PLACE			
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		City, State, Zip Code BLOOMFIELD, NJ 07003			
				Name of Contact MIKE BONFIGLIO		Telephone Number 914-826-7221	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BUILDING APARTMENT				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 27 PARK PL				Square Feet N/A			
City (5) BLOOMFIELD				# of Floors N/A		Bldg. Age N/A	
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL			
Name of Monitoring Firm Hired by Building Owner (8) ELITE EHS CONSULTANT LLC			ASCM No. _____		Name of Abatement Contractor (9) EHW ABATEMENT LLC		
Street Address 2520 42ND STREET, #1C				Street Address 89 FRANKLIN STREET			
City, State, Zip Code ASTORIA, NY 11103				City, State, Zip Code PATERSON, NJ 07524			
Project Manager for Monitoring Firm ANDRES AUQUILLA			Telephone No. 516-708-5343		Telephone No. 973-333-5144	License No. 01274	
Start Date (10) 09/07/2026		Scheduled Completion Date (11) 10/30/2026		Name of OSHA Monitor EHW ABATEMENT LLC			
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address 89 FRANKLIN STREET			
				City, State, Zip Code PATERSON, NJ 07524			
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			
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			
				Removal	Repair	Encapsulate	Enclosure
UNIT # 26 25	Yes No N/A X	WALL/CEILING PLASTER	2000 SF	X			
UNIT #26	X	WALL/ CEILING PLASTER	400 SF	X			
4TH FLOOR HALWAY	X	WALL/CEILING PLASTER	625 SF	X			
UNIT# 19	X	WALL/CEILING PLASTER	400 SF	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 08/26/2026		

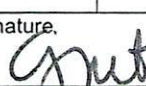
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 09 / 02 / 26		Name of Building Owner/Operator (2) Immaculate Heart Academy		Check # 4916					
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 500 Van Emburgh Avenue City, State, Zip Code Township of Washington, NJ 07676 Name of Contact Rich Skinner					
				Telephone Number 201.445.6800					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Immaculate Heart Academy				Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 500 Van Emburgh Avenue				Square Feet 30,000					
City (5) Township of Washington				# of Floors 2					
County (6) BERGEN				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
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.		License No.					
		201-295-1700		01074					
Start Date (10) 09 / 04 / 26		Scheduled Completion Date (11) 09 / 09 / 26		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM -____PM/____PM-____AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 Locker Room	☐	☐	☒	Steam Pipe Line	8 LF	☒	☐	☐	☐
First Floor Locker Room	☐	☐	☒	Plaster Ceiling	6 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 9/2/26			

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

RECEIVED

Date of Notification (1) <u>8</u> / <u>25</u> / <u>26</u>		Name of Building Owner/Operator (2) Transcontinental Gas Line Co., LLC Job #2608-6624 Check #18144							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 6811 Tonnelle Avenue City, State, Zip Code North Bergen, NJ 07047 Name of Contact Jesse Montalvo Telephone Number 832-206-1367							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Williams Meter Station		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 6811 Tonnelle Avenue		Square Feet	# of Floors						
City (5) North Bergen		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Meter Station							
Name of Monitoring Firm Hired by Building Owner (8) August Mack Environmental Inc	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 806 Fayette Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Conshohocken, PA 19428		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Ben Beers	Telephone No. 610-297-1554	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>9</u> / <u>14</u> / <u>26</u>	Scheduled Completion Date (11) <u>9</u> / <u>25</u> / <u>26</u>	Name of OSHA Monitor IATL Analytical							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 9000 Commerce Parkway Suite B City, State, Zip Code Mt Laurel, NJ 08054							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	☐	☐	☒	Built Up Roofing Materials	4000 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 9/25/26		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 6-25-26		

Check # 4700

RECEIVED

AUG 31 2026

Telephone Number

* 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) 8-25-26		Name of Building Owner/Operator (2) HISPANIC FAMILY CENTER		RECEIVED					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 2700 WESTFIELD AVE City, State, Zip Code CAMDEN NJ 08105					
		Name of Contact JOHN NEWS		Telephone Number 484-571-1732					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HISPANIC FAMILY CENTER				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 2700 WESTFIELD AVE				Square Feet 700					
City (5) CAMDEN				# of Floors 2					
County (6) CAMDEN				Bldg. Age NA					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. IMPACT			ASCM No. _____		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION				
Street Address PO BOX 11465			Street Address 103 PRESERVE LN.						
City, State, Zip Code PHILA PA 19116			City, State, Zip Code N. WALES PA 19454						
Project Manager for Monitoring Firm JASON DUA			Telephone No. 267-784-4693		License No. 01276				
Start Date (10) 9-8-26		Scheduled Completion Date (11) 9-11-26		Name of OSHA Monitor JASON DUA					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address PO BOX 11465					
				City, State, Zip Code PHILA PA 19116					
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
FIRST FLOOR				CEILING TILE	700 SF	☒			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759		Cubic Yards of Waste NA		Name of Registered Landfill WESTERN BERKS CL			
City, State MONTGOMERYVILLE PA		Disposal Date NA		City, State BIRDSBORO PA					
Completed by FRAN DUA		Title VP		Signature 		Date 8-25-26			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

Date of Notification (1) 8 / 27 / 26		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		Job # 2608-6625 Check# 18145					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 315 Cold Soil Rd. City, State, Zip Code Princeton, NJ 08540 Name of Contact Kevin Schmidt					
				Telephone Number 610-755-8956					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #74170				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 112 Eisenhower Parkway				Square Feet # of Floors Bldg. Age					
City (5) Livingston									
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Gas Pipe Line					
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-265-2107 License No. 00529					
Start Date (10) 9 / 8 / 26		Scheduled Completion Date (11) 9 / 9 / 26		Name of OSHA Monitor IATL Analytical					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 9000 Commerce Parkway Suite B City, State, Zip Code Mt Laurel, NJ 08054					
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 10 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior #74170 Dig	☐	☐	☒	Coal Tar Wrap- 36" Line		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ				Disposal Date 9/9/26	City, State Morrisville, PA 19067				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>gmt</i>		Date 8-27-26			

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

Date of Notification (1) 08/24/2026		Name of Building Owner/Operator (2) State of New Jersey- Department of Health		RECEIVED	
Agencies Notified		Type Notification		Street Address	
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☐ Initial ☒ Amended Amendment #1 _____ ☐ Emergency (including justification) ☐ Cancellation		55 North Willow Street	
				City, State, Zip Code Trenton, NJ 08618	
		Name of Contact Rishi Shah		Telephone Number 609-955-8471	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4)	
Street Address 1588 Almond Road				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Vineland				Square Feet	# of Floors
County (6) Cumberland				Bldg. Age	
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) 08/17/2026		Scheduled Completion Date (11) 09/30/2026		Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 354	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code South Orange, NJ 07079	
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)
	Yes	No	N/A		
Wet Demo			X		
Exterior			X	underground ACM pipe	140 LF
Name of Registered Waste Hauler Tamco Construction, Inc.			NJDEP Waste Hauler ID No. 0038044	Cubic Yards of Waste	Name of Registered Landfill Republic Services Conestoga Landfill
City, State Doylestown, PA			Disposal Date		City, State Morgantown, PA
Completed by Jacqueline Anello		Title Office Administrator		Signature <i>Jacqueline Anello</i>	Date 08/24/2026

12017

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Check # 12017

Print Form

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

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AUG 31 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) AUG 29, 2026		Name of Building Owner/Operator (2) QUALITY PHILLY STEAKS									
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 210 PARK DRIVE City, State, Zip Code VOORHEES, NJ 08043 Name of Contact TOM WARRINGTON							
				Telephone Number 856-357-0981							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) VACANT GARAGE BUILDING				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 220 PARK DRIVE				Square Feet 1400							
City (5) VOORHEES, NJ 08043				# of Floors 1							
County (6) CAMDEN				Bldg. Age 65+-							
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) GARAGE							
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A		Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC							
Street Address P.O. BOX 337		Street Address P.O. BOX 337		City, State, Zip Code NEW EGYPT, NJ 08533							
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533							
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384		License No. 00394							
Start Date (10) SEPT 14, 2026		Scheduled Completion Date (11) SEPT 18, 2026		Name of OSHA Monitor EPC TECHNOLOGIES, 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 P.O. BOX 337 City, State, Zip Code NEW EGYPT, NJ 08533							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <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
ROOF TOP		XXX		ROOFING TAR FLASHING		1400 SF		XXX			
INTERIOR FRONT SECTION		XXX		12X12 FLOOR TILES		450 SF		XXX			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC.		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 12		Name of Registered Landfill FAIRLESS LANDFILL					
City, State NEW EGYPT, NJ 08533				Disposal Date 9/18/26		City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT		Signature <i>Steve Schenker</i>		Date 08/29/26					

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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) 8/28/26		Name of Building Owner/Operator (2) City of Vineland		AUG 31 2026	
Agencies Notified		Type Notification		Street Address	
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		640 East Wood Street	
				City, State, Zip Code Vineland NJ 08360	
		Name of Contact Matleo Robbair		Telephone Number 856-794-4000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Demo Debris Previous Garage				Type of Facility (4)	
Street Address 523 East Peach Street				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Vineland NJ 08360				Square Feet 1000+	# of Floors 1
County (6) Cumberland				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Garage / Debris Pile			
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address 617 Stokes Road Suite 4-318				Street Address PO Box 329	
City, State, Zip Code Medford NJ 08055				City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No.		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 9/11/26		Scheduled Completion Date (11) 9/18/26		Name of OSHA Monitor Same	
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		☒ Wet Demo ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Debris Pile			x	Debris Pile	1000 SF
Wet Demolition Former Garage				Wet Demolition Former Garage	
Name of Registered Waste Hauler SJ Hauck		NJDEP Waste Hauler ID No. 0039275		Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County Landfill
City, State Absecon NJ		Disposal Date TBD		City, State Vineland NJ	
Completed by Anthony T Perna		Title President		Signature 	Date 8/25/26

11686

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) 08/17/2026		Name of Building Owner/Operator (2) Estate of Phyllis Novello							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☒ Amended ☐ Emergency (including justification) ☐ Cancellation							
Street Address 563 W 8th St		City, State, Zip Code Plainfield NJ 07060							
Name of Contact Duljan Belegu		Telephone Number 914-414-7541							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 563 W 8th St		Square Feet N/A							
City (5) Plainfield NJ 07060		# of Floors N/A							
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Iris Lab		ASCM No.							
Street Address 2333 US-22		Name of Abatement Contractor (9) Teal Management							
City, State, Zip Code Union NJ 07083		Street Address 24 Morley Drive							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Woodland PaRK nj 07424							
Telephone No. 908-206-0073		Telephone No. 862-243-1471							
Start Date (10) 08/27/2026		License No. 02063							
Scheduled Completion Date (11) 09/13/2026		Name of OSHA Monitor Teal Management							
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 24 Morley Drive							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Woodland Park NJ 07424							
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 Apartment 8			X	ceiling/wall insulation	260 SF	X			
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229		Cubic Yards of Waste 10CY		Name of Registered Landfill Fairless Landfill			
City, State Woodland PaRK nj 07424		Disposal Date 09/13/2026		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 08/17/2026			

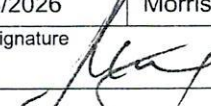
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Print Form

AUG 28 2026

Date of Notification (1) 08/17/2026		Name of Building Owner/Operator (2) Estate of Phyllis Novello							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☒ Amended Amendment ☐ Emergency (including justification) ☐ Cancellation	Street Address 563 W 8th St							
		City, State, Zip Code Plainfield NJ 07060							
		Name of Contact Duljan Belegu	Telephone Number 914-414-7541						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 563 W 8th St		Square Feet N/A	# of Floors N/A						
City (5) Plainfield NJ 07060		Bldg. Age N/A							
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) Iris Lab		ASCM No.	Name of Abatement Contractor (9) Teal Management						
Street Address 2333 US-22		Street Address 24 Morley 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. 908-206-0073	License No. 02063						
Start Date (10) 08/27/2026	Scheduled Completion Date (11) 09/13/2026	Name of OSHA Monitor Teal Management							
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 24 Morley Drive							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition ☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom Apartment 4			x	ceiling/wall insulation	260 SF	x			
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 10CY	Name of Registered Landfill Fairless Landfill					
City, State Woodland PaRK nj 07424			Disposal Date 09/13/2026	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 08/17/2026					

1133

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

RECEIVED

Date of Notification (1) 7/31/2026		Name of Building Owner/Operator (2) AUG 3 2026	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 1114 Fifth Avenue
			City, State, Zip Code Asbury Park, NJ 07712
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1114 Fifth Avenue		Square Feet	# of Floors
City (5) Asbury Park	County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8)		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) 8/10/2026	Scheduled Completion Date (11) 8/31/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	floor tiles	400sf	☒			
Under stairs			X	wrap lining	50sf	☒			
3rd Floor Kitchen			X	linoleum	60sf	☒			
2nd/3rd floor			X	plaster	5,000sf	☒			

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 	Date 7/31/2026

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

RECEIVED

Date of Notification (1) 8/28/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 900 Bloomfield Avenue							
		City, State, Zip Code Caldwell, NJ 07006							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 516 Passaic Avenue		City (5) West Caldwell							
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 07006							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381						
Start Date (10) 9/8/2026		Scheduled Completion Date (11) 9/15/2026	License No. 02008						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor NorthEast Management LLC							
Street Address 41 Madison Avenue		City, State, Zip Code Rochelle Park, NJ 07006							
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
1st Floor			X	Plaster	3,800SF	X			
2nd Floor			X	Plaster	2,400SF	X			
Kitchen			X	Floor Tile	150SF	X			
Basement			X	Pipe Insulation	60LF	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 Elizabeth, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Sonja Dimovska			Title Owner	Signature <i>S. Dimovska</i>		Date 8/28/2026			

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

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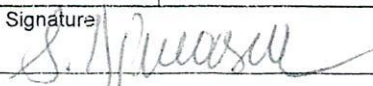
Date of Notification (1) 8/28/2026		Name of Building Owner/Operator (2) AUG 31 2026	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 651 Old Mt. Pleasant Ave., Ste 110	
		City, State, Zip Code Livingston, NJ 07039	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 70 South Orange Avenue		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Livingston	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) 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) 9/9/2026	Scheduled Completion Date (11) 9/16/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floors			X	HVAC duct mastic	125LF	X			
Western Roof			X	AC Structural Beam-mastic	25LF	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 Elizabeth, NJ			Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska		Title Owner	Signature 	Date 8/28/2026	

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

PAL Job# 26-1181

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JUL 23 2026

Date of Notification (1) 07/14/2026		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified	Type Notification	Street Address 33 Knightsbridge Road							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	☐ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Zaydie Cahdwick	Telephone Number 848-202-6430						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rutgers University - Building #3029		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 17 Huntington Street		Square Feet	# of Floors						
City (5) New Brunswick, NJ 08873		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EFI Global		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro						
Street Address 701 Penhorn Avenue		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Secaucus, NJ 07094		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Danielle Schaefer		Telephone No. 732-427-5403	Telephone No. 718-349-0900						
License No. 00853									
Start Date (10) 08/10/2026	Scheduled Completion Date (11) 11/10/2026	Name of OSHA Monitor Timothy Barrett							
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 398 Bunker Drive							
		City, State, Zip Code Oceanside, NY 11572							
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		Flue Packing	8 SF	X			
Attic		X		VAT & Mastic	140 SF	X			
1st floor		X		Plaster Walls & Ceiling	2,875	X			
2nd Floor		X		Plaster Walls & Ceiling	2,875	X			
Name of Registered Waste Hauler Cardella Trucking Co.		NJDEP Waste Hauler ID No. NJ-851		Cubic Yards of Waste 20 Yards	Name of Registered Landfill Fairless Landfill				
City, State North Bergen, NJ				Disposal Date 08/12/2026	City, State Morrisville, PA				
Completed by Ann A. Ali		Title Compliance Admin		Signature 		Date 07/14/2026			

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL Job# 26-1181

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Print Form

JUL 23 2026

Date of Notification (1) 07/14/2026		Name of Building Owner/Operator (2) Rutgers University	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 33 Knightsbridge Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Zaydie Cahdwick
			Telephone Number 848-202-6430
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Rutgers University - Building #3030		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 21 Huntington Street		Square Feet # of Floors Bldg. Age	
City (5) New Brunswick, NJ 08873			
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) EFI Global		Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro	
Street Address 701 Penhorn Avenue		Street Address 11-02 Queens Plaza South	
City, State, Zip Code Secaucus, NJ 07094		City, State, Zip Code Long Island City, NY 11101	
Project Manager for Monitoring Firm Danielle Schaefer		Telephone No. 732-427-5403	
Start Date (10) 08/10/2026		Scheduled Completion Date (11) 11/10/2026	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor Timothy Barrett	
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
1st floor	X		Plaster Walls & Ceiling
2nd Floor	X		Plaster Walls & Ceiling
Exterior	X		Window Glazing
Name of Registered Waste Hauler Cardella Trucking Co.		NJDEP Waste Hauler ID No. NJ-851	Cubic Yards of Waste 20 Yards
City, State North Bergen, NJ		Name of Registered Landfill Fairless Landfill	
Disposal Date 08/12/2026		City, State Morrisville, PA	
Completed by Ann A. Ali		Title Compliance Admin	Signature 
		Date 07/14/2026	

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

PAL Job# 26-1181

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Date of Notification (1) 07/23/2026		Name of Building Owner/Operator (2) Rutgers University		JUL 27 2026					
Agencies Notified		Type Notification		Street Address					
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA		☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		33 Knightsbridge Road					
				City, State, Zip Code Piscataway, NJ 08854					
		Name of Contact Zaydie Cahdwick		Telephone Number 848-202-6430					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rutgers University - Building #3031				Type of Facility (4)					
Street Address 25-27 Huntington Street				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) New Brunswick, NJ 08873				Square Feet	# of Floors				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EFI Global		ASCN No.		Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Envir					
Street Address 701 Penhorn Avenue				Street Address 11-02 Queens Plaza South					
City, State, Zip Code Secaucus, NJ 07094				City, State, Zip Code Long Island City, NY 11101					
Project Manager for Monitoring Firm Danielle Schaefer		Telephone No. 732-427-5403		Telephone No. 718-349-0900	License No. 00853				
Start Date (10) 08/10/2026		Scheduled Completion Date (11) 11/10/2026		Name of OSHA Monitor Timothy Barrett					
Occupancy Status During Abatement (Check Only One)				Street Address 398 Bunker Drive					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:				City, State, Zip Code Oceanside, NY 11572					
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
1st floor		X		Plaster Walls	3,728 SF	X			
1st Floor		X		Plaster Ceiling	1,696 SF	X			
2nd Floor		X		Plaster Walls	3,728 SF	X			
2nd Floor		X		Plaster Ceiling	1,696 SF	X			
Name of Registered Waste Hauler Cardella Trucking Co.		NJDEP Waste Hauler ID No. NJ-851		Cubic Yards of Waste 20 Yards	Name of Registered Landfill Fairless Landfill				
City, State North Bergen, NJ				Disposal Date 08/13/2026	City, State Morrisville, PA				
Completed by Ann A. Ali		Title Compliance Admin		Signature 		Date 07/23/2026			

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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)
PAL Job# 26-1181

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Date of Notification (1) 07/16/2026		Name of Building Owner/Operator (2) Rutgers University	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 33 Knightsbridge Road	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Zaydie Cahdwick	Telephone Number 848-202-6430

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rutgers University - Building #3145		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 199 College Avenue		Square Feet	# of Floors
City (5) New Brunswick, NJ 08873		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EFI Global		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro
Street Address 701 Penhorn Avenue		Street Address 11-02 Queens Plaza South	
City, State, Zip Code Secaucus, NJ 07094		City, State, Zip Code Long Island City, NY 11101	
Project Manager for Monitoring Firm Danielle Schaefer		Telephone No. 732-427-5403	Telephone No. 718-349-0900
License No. 00853			
Start Date (10) 08/03/2026	Scheduled Completion Date (11) 11/03/2026	Name of OSHA Monitor Timothy Barrett	
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 398 Bunker Drive	
		City, State, Zip Code Oceanside, NY 11572	
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
See attached quantity sheet									

Name of Registered Waste Hauler Cardella Trucking Co.		NJDEP Waste Hauler ID No. NJ-851	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Fairless Landfill	
City, State North Bergen, NJ		Disposal Date 08/05/2026		City, State Morrisville, PA	
Completed by Ann A. Ali		Title Compliance Admin	Signature 	Date 07/16/2026	

FLOOR	TYPE OF MATERIAL	QUANTITY	
		SF	LF
1ST FLOOR	PLASTER CEILING	2000	
	PLASTER WALLS	1867	
	JOINT COMPOUND	1200	
	THERMAL INSULATION		150
	WOOD PANEL GLUE	60	
	FLOOR TILE	1,000	
	MASTIC	625	
2ND FLOOR	PLASTER CEILING	2000	
	PLASTER WALLS	1,867	
	MASTIC	625	
3RD FLOOR	PLASTER CEILING	2000	
	PLASTER WALLS	1866	
BASEMENT	CEMENTITIOUS CEILING BOARD	100	
	THERMAL INSULATION		390
	CEILING TILE	655	
ENTRANCE	CEILING TEXTURE	42	
	WINDOW GLAZING	5	
ROOF	CEMENTITIOUS ROOF SHINGLES	3000	
	ROOF TAR	1000	
	PAINT	1000	
	FLASHING	100	
		15110	150

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL Job# 25-1209

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AUG 28 2026

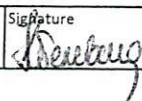
Date of Notification (1) 08/24/2026		Name of Building Owner/Operator (2) County of Passaic							
Agencies Notified	Type Notification	Street Address 401 Grand Street, Room 524, ASBESTOS CONTROL & LICENSING							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Andrew Thompson	Telephone Number 973-881-4424						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Preakness Valley Golf Course		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 85 Totowa Road		Square Feet	# of Floors						
City (5) Wayne, NJ		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) Empire Environmental		ASCM No. 00110	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviror						
Street Address 150 River Road, F4		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Montville, New Jersey 07045		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Mike Boggi		Telephone No. 973-334-5641	License No. 00853						
Start Date (10) 09/03/2026	Scheduled Completion Date (11) 12/03/2026	Name of OSHA Monitor Segundo Yauri							
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 85 Union Drive							
		City, State, Zip Code Hamilton, NJ 08610							
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
Garage		X		Window Caulking	150 LF	X			
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 09/08/2026		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin		Signature 				Date 08/24/2026	

NO CK

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

AUG 27 2026

Date of Notification (1) 8/25/2026		Name of Building Owner/Operator (2) Sussex County Community College					
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 1 College Hill Road City, State, Zip Code Newton, NJ 07860 Name of Contact Frank Tsemberlis Telephone Number 973.300.2281				
	FACILITY INFORMATION						
	Name of Facility Where Abatement is Taking Place (3) SCCC Horton Mansion Street Address 1 College Hill Road City (5) Newton County (6) Sussex		Type of Facility (4) ☐ School (K-12) Sub-8 Un-Occupied ☒ Subchapter 8 (Other than K-12) Note: It's a college ☐ Other (i.e. private & Commercial buildings, homes, etc.) Square Feet: 14,550 # of Floors 4 Age 168 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) College				
	Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 08736 Project Manager for Monitoring Firm Jarred Panecki		ASCM No. 00118 Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address 14 Willow street City, State, Zip Code Bloomfield, NJ 07003 Telephone No. 973-333-9176 License No. 01331				
Start Date (10) 09/8/2026 Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Scheduled Completion Date (11) 10/10/2026 Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure * ☐ Mini-Enclosure ☐ Glovebag Procedure. ☐ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) See the pages attached	Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure		
Name of Registered Waste Hauler Century Waste Services, LLC City, State Elizabeth, NJ		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste TBD Disposal Date TBD		Name of Registered Landfill Grand Central Landfill City, State Pen Argyl, PA	
Completed by Katika Belevska		Title Administrator		Signature 		Date: 8/25/2026	

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 Entire Building				Pre-Cleaning Area					
Basement: Rooms 001, 002, 003, 004, 005,									
006, 007, 008, 009, 010, 011, 012, 013, 014,									
015, & 016; First Floor: Rooms 101, 102, 103,									
104, 105, 106, 107, 108, 109, 110, 111, 112,									
113, 114, 115, 116, & 117; Second Floor:									
Rooms 201, 202, 203, 204, 205, 206, 207, 208,		x		(Pre- Abatement Site Preparation)	13,000 SF	x			
209, 210, 211, 212, 213, & 214; Third Floor:									
Rooms 301, 302, 303, 304, 305, 306, 307, 308,									
309, 310, 311, 312, 313, 314, 315, 316, 317,									
318, 319, & 320; Stairwell: ST-1; Additional									
Areas: All other accessible areas at the site									
not identified by room number.									
First Floor: Rooms 102, 108, 111, & 113; Second Floor: Rooms 201, 202, 206, 208, 210, 213, & 214; Third Floor: Rooms 301, 302, 303, 304, 305, 306, 307, 308, 312, 313, 314, 315, 316, 317, 318, 319, & 320		x		9"x9" Floot Tiles	6,000 SF	x			
Hallways: First Floor: Rooms 110, 114, & 115; Second Floor: Rooms 207, 211, & 212		x		Linoleum	2000 SF	x			
Second Floor: Rooms 201 & 213; Third Floor: Rooms 301, 302, 303, 304, 305, 306, & 307, 316, 317, 318, 319, & 320		x		Glue ceiling tiles	3200 SF	x			
Second Floor: Rooms 201, 206, & 213; Third Floor: Rooms 301, 302, 303, 304, 305, 306, & 307, 313, 316, 317, 318, 319, & 320		x		Ceiling finishes plaster drywall	4500 SF	x			
Third Floor: Rooms 308 & 312		x		Wall finishes	650SF	x			
First Floor: Rooms 108, 112, & 113; Second Floor: Rooms 201 & 210; Third Floor: Rooms 308 & 312		x		All bathroom components	800SF	x			
Stairwell (ST-1)		x		Stair Flooring	400SF	x			
Second Floor: Room 201		x		Prayer Rooms (Demolish and remove)	Nine rooms 2600 SF	x			

Basement Boiler Room (004)		x		Boiler rib insulation	entire boilers (200SF)	x				
		x		Flange gasket & Boiler	100 SF	x				
		x		Wall duct (flue packing)	25 SF	x				
First Floor - Electrical Room		x		9"x9" VAT	80 SF	x				

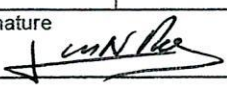
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

OK # 1226

Date of Notification (1) 08 / 25 / 26		Name of Building Owner / Operator (2) NJ PERFORMING ARTS CENTER		RECEIVED	
Agencies Notified ☐ EPA ☐ DEP ☒ DOH ☒ DOL		Type of Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency w/ justification ☐ Cancellation		Street Address 24 RECTOR STREET City, State, Zip Code NEWARK, NJ 07105 Name of Contact BRANDON HAMEIER Telephone Number 609.751.1206	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NJ PERFORMING ARTS CENTER			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 24 RECTOR STREET			Building Age 80 +		
City (5) NEWARK	County (6) ESSEX	County Code (7)	Square Feet 30,000	# Of Floors 3	Current Use (Prior if being demolished) ART SCHOOL
Name of Monitoring Firm Hired by Bldg. Owner (8) WHITMAN		ASCM NO	Name of Abatement Contractor (9) Northstar Contracting Group, Inc.		
Street Address 100 FRANKLIN SQUARE DRIVE, STE 200		Street Address 32 Williams Parkway			
City, State, Zip Code SUMMERSET, NJ 08873		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm MARK CONSTANTINO		Telephone Number 732.390.5858	Telephone Number 973-772-3660		
Schedul Start Date (10) 09 / 07 / 26		Sched. Completion Date (11) 12 / 30 / 26	License Number 00860		
Occupancy Status During Abatement (Check Only 1) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☒ 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 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	
PERIMETER FAÇADE	☐ YES ☒ NO ☐ N/A	WATERPROOFING	18,000 SF	☒	☐
	☐ YES ☒ NO ☐ N/A			☐	☐
	☐ YES ☒ NO ☐ N/A			☐	☐
	☐ YES ☒ NO ☐ N/A			☐	☐
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 <i>Steven Stiles</i>		Date 08/25/26

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

RECEIVED

Date of Notification (1) 08/21/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 42 Atlantic St							
		City, State, Zip Code Keyport NJ 07735							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 42 Atlantic St		Square Feet	# of Floors 2						
City (5) Keyport		Bldg. Age +50							
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) 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) 09/01/2026	Scheduled Completion Date (11) 09/02/2026	Name of OSHA Monitor United Demo LLC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 143 Acme St							
		City, State, Zip Code Elizabeth NJ 07202							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	80 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 08/21/2026		

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

RECEIVED

Date of Notification (1) 8/25/26		Name of Building Owner/Operator (2) AUG 28 2026	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 6308 Ocean Ave	
		City, State, Zip Code Long Beach Twp NJ 08008	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 6308 Ocean Ave		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Long Beach Twp NJ 08008	Square Feet 1000+	# of Floors 2	Bldg. Age 50+
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 9/4/26	Scheduled Completion Date (11) 9/10/26	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address	
		City, State, Zip Code	

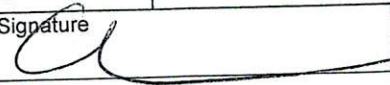
Scope of Work (Check All That Apply)			
☐ ≥3 sf or ≥3 lf	☐ Renovation	☐ Full Containment with Negative Pressure	
☒ ≥160 sf or ≥260 lf	☒ Demolition	☐ Mini-Enclosure	
		☐ Glovebag Procedure	
		☒ Non-Exempted (*) and Non-Friable Procedure	

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

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Hills	
City, State Berlin NJ		Disposal Date 9/10/26		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 8/25/26

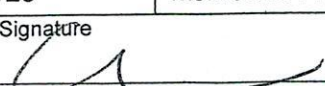
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 8/25/26		Name of Building Owner/Operator (2) AUG 28 2026			
Agencies Notified		Type Notification		Street Address	
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		256 Nautilus Dr	
				City, State, Zip Code Manahawkin NJ 08050	
				Name of Contact	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address 256 Nautilus Dr				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Manahawkin NJ 08050		Square Feet 1000+		# of Floors 1	
County (6) Ocean		County Code (7) (STATE USE ONLY)		Bldg. Age 50+	
Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329			
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	
				License No. 00727	
Start Date (10) 9/3/26		Scheduled Completion Date (11) 9/8/26		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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) 50 SF
	Yes	No	N/A		
Crawl Space Clean up			X	Transite Siding	x
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 3	
City, State Berlin NJ		Disposal Date 9/8/26		Name of Registered Landfill Fairless Hills	
Completed by Anthony T Perna		Title President		Signature 	
				Date 8/25/26	

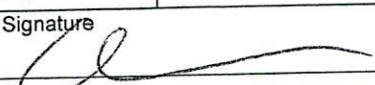
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 8/25/26		Name of Building Owner/Operator (2) AUG 28 2026							
Agencies Notified	Type Notification	Street Address 912 N Barnegat Ave							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 912 N Barnegat Ave		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Surf City NJ 08008	Square Feet 1000+	# of Floors 2	Bldg. Age 50+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/8/26	Scheduled Completion Date (11) 9/14/26	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 of House			x	Transite Siding	1800 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills					
City, State Berlin NJ		Disposal Date 9/14/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/25/26		

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

RECEIVED

Date of Notification (1) 8/27/26		Name of Building Owner/Operator (2) Haddonfield Public Library	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 60 N Haddon Avenue
			City, State, Zip Code Haddonfield NJ 08033
		Name of Contact Eric Zino	Telephone Number 856-429-1304
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Haddonfield Public Library		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 60 N Haddon Avenue		Square Feet 1000+	# of Floors 1
City (5) Haddonfield NJ 08033		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) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address 1253 North Church Street		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 Guilardi		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 9/10/26	Scheduled Completion Date (11) 9/15/26	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
	Yes	No	N/A
Basement Classroom			x
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3
City, State Berlin NJ		Disposal Date 9/15/26	Name of Registered Landfill Fairless Hills
Completed by Anthony T Perna		Title President	Signature 
		Date 8/27/26	

978

PAID

Project #

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

Check # 5978

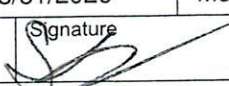
RECEIVED

Date of Notification (1) 08/24/2026		Name of Building Owner/Operator (2) YMCA							
Agencies Notified	Type Notification	Street Address 111 Kings Rd							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Madison, NJ 07940							
		Name of Contact Joseph Gonsalves	Telephone Number 973-822-9622						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) YMCA		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 111 Kings Rd		Square Feet	# of Floors						
City (5) Madison, NJ 07940		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) 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 Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061	License No. 01358						
Start Date (10) 09/04/2026	Scheduled Completion Date (11) 09/09/2026	Name of OSHA Monitor Nick Restoration LLC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 72 Brookside Rd							
		City, State, Zip Code Randolph, NJ 07869							
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
2nd floor		X		TSI	150 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Nikica Mrda		Title President		Signature <i>Nikica Mrda</i>			Date 08/24/2026		

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

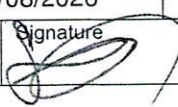
RECEIVED

AUG 31 2026

Date of Notification (1) 08/26/2026		Name of Building Owner/Operator (2) Newark Board of Education							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 190 Muhammad Ali Avenue							
		City, State, Zip Code Newark, NJ 07108							
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-733-7220 x 8149						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hawkins Street School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 Hawkins Street		Square Feet 100,000	# of Floors 4						
City (5) Newark		Bldg. Age 100							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 08/27/2026	Scheduled Completion Date (11) 08/31/2026	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☒ 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
2nd Floor Girl's Bathroom		X		Plaster	9 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 08/31/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 08/26/2026	

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

RECEIVED

Date of Notification (1) 08/26/2026		Name of Building Owner/Operator (2) AUG 31 2026							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 248 E. Youngs Avenue ASBESTOS CONTROL & LICENSING							
		City, State, Zip Code Wildwood, NJ 08260							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 248 E. Youngs Avenue		Square Feet 1,524	# of Floors 1						
City (5) Wildwood		Bldg. Age 91							
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) 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) 09/04/2026	Scheduled Completion Date (11) 09/08/2026	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Bedroom, Hallway, & Hallway Closet			X	Floor Tile & Mastic	143 SF	X			
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Cape May County Landfill					
City, State Maple Shade, NJ		Disposal Date 09/08/2026		City, State Woodbine, NJ					
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 08/26/2026	

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

AUG 31 2026

Date of Notification (1) 8-24-26		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	
Street Address 300 77TH ST		City, State, Zip Code SEA ISLE CITY N.J. 08243	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 5535 CENTRAL AVE		Square Feet 1500	# of Floors 1
City (5) OCEAN CITY		Bldg Age 50+	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY) VIACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMMCO INC	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 9-5-26		License No. 01371	
Scheduled Completion Date (11) 9-15-26		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address	
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 ft ☒ ≥ 150 sf or ≥ 250 ft ☐ Renovation ☒ Demolition		City, State, Zip Code	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Amount (Specify SF or LF) 2500 SF	
Abatement Type Removal Repair Encapsulate Enclosure		Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler KLEMMCO INC.		Name of Registered Landfill C.N.C. M.U.A.	
City, State MAPLE SHADE N.J. 08052		City, State WOODBRIKE N.J.	
Completed By Michael Klemm		Signature [Signature]	
Title SUP.		Date 8-24-26	

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

AUG 31 2026

Date of Notification (1) 8-24-26		Name of Building Owner/Operator (2) ADAMS CONTRACTING				
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation				
Street Address 716 HAVEN AVE		City, State, Zip Code OCEAN CITY N.J. 08226				
Name of Contact		Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)				
Street Address 2329 WEST AVE		Square Feet 1000	# of Floors 1			
City (5) OCEAN CITY		Bldg. Age 50+				
County (6) CAPE MAY		Current Use (Prior if being demolished) VACANT				
Name of Monitoring Firm Hired by Building Owner (8) N/A		County Code (7) (STATE USE ONLY)				
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.				
City, State, Zip Code		Street Address 369 S. SPRUCE AVE				
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052				
Telephone No.		Telephone No. 856-779-0472				
Start Date (10) 9-4-26		License No. 01371				
Scheduled Completion Date (11) 9-14-26		Name of OSHA Monitor N/A				
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address				
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1000 SF	Abatement Type		
				Removal	Repair	Encapsulate
SIDING		TRANSITE		☒		
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill C.M.C.M.U.A		
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE			
Completed By MICHAEL KLEMM		Title SUP.	Signature <i>[Signature]</i>		Date 8-24-26	

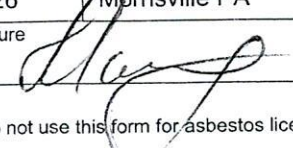
11693

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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) 08/28/2026		Name of Building Owner/Operator (2) Hamilton Township School District							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 90 Park Ave						
			City, State, Zip Code Hamilton NJ 08690						
		Name of Contact John Miranda	Telephone Number 609-631-4100x4173						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Steinert High School		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2900 Klockner Rd		Square Feet N/A	# of Floors N/A						
City (5) Hamilton NJ 08690		Bldg. Age N/A							
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) Karl Environmental Group		ASCM No. _____	Name of Abatement Contractor (9) Teal Management						
Street Address 20 Lauck Rd		Street Address 24 Morley Drive							
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Edmund S Karl		Telephone No. 610-856-7700	Telephone No. 862-243-1471						
		License No. 02063							
Start Date (10) 08/29/2026	Scheduled Completion Date (11) 09/01/2026	Name of OSHA Monitor Teal Management							
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 24 Morley Drive							
		City, State, Zip Code Woodland Park NJ 07424							
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
Hallway small closet			X	ELBOW INSULATION	6LF	X			
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 2 CY	Name of Registered Landfill Failless Landfill					
City, State Woodland Park NJ 07424			Disposal Date 09/01/2026	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 08/28/2026					

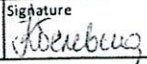
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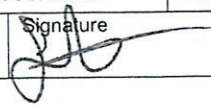
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/27/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	
Street Address 57 Ridge Ave, 2nd Floor City, State, Zip Code West Orange, NJ 07052		Name of Contact Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 57 Ridge Ave, 2nd Fl City (5) West Orange		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.) Square Foot 2,500 # of Floors 2 Bldg. Age 55+	
County (6) Essex		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) Unicorn Contracting Corp. Street Address 14 Willow Street City, State, Zip Code Bloomfield, NJ 07003	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-333-9176 License No. 01331	
Start Date (10) 08/29/2026		Scheduled Completion Date (11) 08/31/2026	
Name of OSHA Monitor Envirovision Consultants, Inc.		Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8am-4:30pm			
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Amount (Specify SF or LF) 30 LF		
Basement boiler room	X		TSI
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+
City, State Bloomfield, New Jersey		Disposal Date TBD	Name of Registered Landfill Fairless Hills Landfill City, State Morrisville, PA
Completed by Katika Belevska		Title Administrator	Signature  Date 08/27/2026

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

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AUG 31 2026

Date of Notification (1) 08/24/2026		Name of Building Owner/Operator (2) 	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 19 School House Drive City, State, Zip Code Medford, NJ 08055 Name of Contact _____ Telephone Number _____
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) 		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 19 School House Drive		Square Feet 2,346	# of Floors 2
City (5) Medford		Bldg. Age 55	
County (6) Burlington		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 Pearce		Telephone No. 609-298-4070	Telephone No. 856-755-0099
License No. 00842			
Start Date (10) 09/02/2026	Scheduled Completion Date (11) 09/08/2026		Name of OSHA Monitor EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)			
☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition	
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	
Recreation Room			X
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2
City, State Freehold, NJ		Name of Registered Landfill Conestoga Landfill	
Disposal Date 09/08/2026		City, State Morgantown, PA	
Completed by Samantha Brown		Title Operations Coordinator	Signature 
		Date 08/24/2026	

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

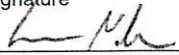
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AUG 31 2026

Date of Notification (1) 8/25/2026		Name of Building Owner/Operator (2) AUG 31 2026							
Agencies Notified	Type Notification	Street Address 303 Fernwood Terrace							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Linden, NJ 07036							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 303 Fernwood Terrace		Square Foot 1,900	# of Floors 2						
City (5) Linden		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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) 8/27/2026		Scheduled Completion Date (11) 8/27/2026	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: 1pm-9:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
House Attic		X		Duct Paper	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 Katika Belevska		Title Administrator		Signature <i>Katika Belevska</i>		Date 8/25/2026			

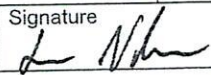
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 08/24/26		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 2465 Kuser Rd.						
			City, State, Zip Code Hamilton, NJ 08690						
			Name of Contact _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 760 County Route 605		Square Feet 6,000 sf.	# of Floors 2						
City (5) Princeton		Bldg. Age 96 Yrs.							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-221-9092						
			License No. 01107						
Start Date (10) 09/10/26	Scheduled Completion Date (11) 11/27/26	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
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
floor 1 and 2			*	ceiling plaster	6000 sf.	*			
floor 1 and 2			*	wall black mastic	1240 sf.	*			
Name of Registered Waste Hauler Century Waste Services LLC.		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 150 Yds.	Name of Registered Landfill GCSL					
City, State Elizabeth, NJ			Disposal Date 11/28/26	City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 08/24/26			

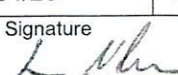
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 08/07/26		Name of Building Owner/Operator (2) 24 Buffington NJ, LLC.		AUG 27 2026	
Agencies Notified		Type Notification		Street Address 24 Buffington Ave.	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		City, State, Zip Code Irvington, NJ 07111	
Name of Contact Jacob Neuhauser				Telephone Number 347-585-1705	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Warehouse				Type of Facility (4)	
Street Address 24 Buffington Ave.				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Irvington, NJ 07111				Square Feet	# of Floors 1
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 113 Yrs.
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Lesco Services Inc.	
Street Address		Street Address 156 Maple Ave.		City, State, Zip Code Wallington, NJ 07057	
City, State, Zip Code		Telephone No. 862-221-9092		License No. 01107	
Project Manager for Monitoring Firm		Telephone No.		Current Use (Prior if being demolished) Warehouse	
Start Date (10) 08/10/26		Scheduled Completion Date (11) 08/14/26		Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One)				Street Address 156 Maple Ave.	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code Wallington, NJ 07057	
Scope of Work (Check All That Apply)					
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
roof #1			*	roof flashing	400 sf.
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 10 Cy.	Name of Registered Landfill GCSL
City, State Wayne, NJ		Disposal Date 08/17/26		City, State Pen Agryl, PA	
Completed by Leslaw Nalodka		Title President		Signature 	Date 08/07/26

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

1026
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Date of Notification (1) 07/30/26		Name of Building Owner/Operator (2) Westfield BOE		AUG 27 2026	
Agencies Notified		Type Notification		Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		302 Elm St.	
				City, State, Zip Code Westfield, NJ 07090	
		Name of Contact Raymond Gonzalez		Telephone Number 908-789-4400	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Wilson Elementary School				Type of Facility (4)	
Street Address 301 Linden Ave.				☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Westfield		Square Feet 55,780 sf.		# of Floors 2	Bldg. Age 91 Yrs.
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental Inc.		ASCM No. N/A		Name of Abatement Contractor (9) Lesco Services Inc.	
Street Address 555 Broad St.		Street Address 156 Maple Ave.			
City, State, Zip Code Glen Rock, NJ 07452		City, State, Zip Code Wallington, NJ 07057			
Project Manager for Monitoring Firm Vincent Agovino		Telephone No. 201-652-1119		Telephone No. 862-221-9092	License No. 01107
Start Date (10) 07/31/26		Scheduled Completion Date (11) 08/03/26		Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One)				Street Address 156 Maple Ave.	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code Wallington, NJ 07057	
Scope of Work (Check All That Apply)					
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ WRAP & CUT ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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		
bathroom T-3	*			pipe insulation	9 lf.
Name of Registered Waste Hauler Century Waste Services LLC.		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 1	Name of Registered Landfill GCSL
City, State Elizabeth, NJ		Disposal Date 08/04/26		City, State Pen Argyl, PA	
Completed by Leslaw Nalodka		Title President		Signature 	Date 07/30/26

* Do not use this form for asbestos licensure exempted activities

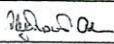
4174

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

Date of Notification (1) 08/19/2022		Name of Building Owner/Operator (2) Elizabeth Public Schools		Check # 4174				
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 500 N. Broad St City, State, Zip Code Elizabeth, NJ 07208 Name of Contact Luis Milanes Telephone Number 908-436-5180				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) The James P. Mitchell Building # 94			Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address 500 North Broad Street			Square Feet 50,000	# of Floors 3	Bldg. Age +55			
City (5) Elizabeth, New Jersey 07208			County Code (7) (STATE USE ONLY)					
County (6) Union			Current Use (Prior if being demolished) Educational					
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 Ave, 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 Stephen Jaraczewski			Telephone No. 201-569-6708	Telephone No. 973-225-8400	License No. 01104			
Start Date (10) 08/20/2026		Scheduled Completion Date (11) 08/25/2026		Name of OSHA Monitor LIS Consulting Services, LLC				
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____			Street Address 38 Cottage Court City, State, Zip Code Manchester Twp, NJ 08759					
Scope of Work (Check All That Apply)								
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glove bag Procedure / Limited Containment & Tent ☐ Non-Exempted (*) and Non-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
Human Resources Office		X	Elbows Insulation	8LF	X			
Name of Registered Waste Hauler Century Waste Services			NUDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, New Jersey			Disposal Date August 2026	City, State 1963 Pen Argyl Rd, Pen Argyl, PA 18027				
Completed by Adriana Olejarova		Title President	Signature 		Date 8/19/2026			

ASB-41 (R-06-08)

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

AUG 31 2026

Date of Notification (1) 08/25/2026		Name of Building Owner/Operator (2) Berkeley Heights Public Schools		Check # 4177	
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation		Street Address 345 Plainfield Avenue City, State, Zip Code Berkley Hights, NJ 07208 Name of Contact Richard Romano Telephone Number 908-464-1600	
Name of Facility Where Abatement is Taking Place (3) Mary Kay McMillin Early Childhood Center				Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 651 Mountain Avenue		City (5) Berkley Hights, New Jersey 07922		Square Feet 50,000	# of Floors 3
County (6) Union		County Code (7) (STATE USE ONLY)		Bldg. Age +55	
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering and Science, Inc.		ASCM No.		Current Use (Prior if being demolished) Educational	
Street Address 929 Asbury Avenue		Name of Abatement Contractor (9) Lilich Corporation		Street Address 246 Union Boulevard	
City, State, Zip Code Asbury Park, NJ 07712		City, State, Zip Code Totowa, New Jersey 07512		Telephone No. 973-225-8400	
Project Manager for Monitoring Firm Michelle Nagy		Telephone No. 732-320-2421		License No. 01104	
Start Date (10) 08/26/2026		Scheduled Completion Date (11) 08/30/2026		Name of OSHA Monitor LIS Consulting Services, LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address 3B Cottage Court	
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition				City, State, Zip Code Manchester Twp, NJ 08759	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Kitchen Area		X		Insulation (Wrap & Cut)	
				30LF	
				X	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 1	
City, State Elizabeth, New Jersey		Disposal Date August /2026		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State 1963 Pen Argyl Rd, Pen Argyl, PA 18027		Signature <i>Adriana Olejarova</i>		Date 8/25/2026	
Completed by Adriana Olejarova		Title President			

ASB-41 (R-06-08)

* 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)

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Date of Notification (1) 08/20/2026		Name of Building Owner/Operator (2) SEP 1 2026							
Agencies Notified	Type Notification	Street Address							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	36 Readington Rd							
		City, State, Zip Code White House Station, NJ 08889							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address 36 Readington Rd		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) White House Station, NJ 08889		Square Feet 4,224	# of Floors 2						
County (6) Hunterdon		Bldg. Age 1945							
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) 08/29/2026	Scheduled Completion Date (11) 09/05/2026	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
Basement		x		Floor tile & mastic	418 SF	x			
1st Floor bedroom		x		Floor tile & mastic	240 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ			Disposal Date 09/05/2026	City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 08/20/2026			

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

Check 3896 RECEIVED

Date of Notification (1) 08/23/2026		Name of Building Owner/Operator (2) SeP 1 2026							
Agencies Notified	Type Notification	Street Address 2 High St							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 High St		Square Feet 3,485	# of Floors 2						
City (5) Bloomfield, NJ 07003		Bldg. Age 1935							
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) 09/01/2026	Scheduled Completion Date (11) 09/08/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	70 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 09/08/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 08/23/2026		

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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) 08/20/2026		Name of Building Owner/Operator (2) Sep 1 2026						
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # <u>1</u> ☐ Emergency (including justification) ☐ Cancellation		Street Address 403 Abbott Rd City, State, Zip Code Paramus, NJ 07652 ASBESTOS CONTROL & LICENSING Name of Contact Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential House			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 403 Abbott Rd			Square Feet 1,456					
City (5) Paramus, NJ 07652			# of Floors 2		Bldg. Age 1955			
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) 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) 08/24/2026		Scheduled Completion Date (11) 09/04/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____			Street Address					
			City, State, Zip Code					
Scope of Work (Check All That Apply)								
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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
Please see attached								
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ		Disposal Date 09/04/2026		City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 08/20/2026		

VEL Construction LLC**403 Abbott Road, Paramus NJ**

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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Kitchen	No	ceiling	144 SF	Removal
Guest Bathroom	No	ceiling	42 SF	Removal
Guest Bathroom	No	walls	182 SF	Removal
Guest Bathroom	No	floor	42 SF	Removal
Master bedroom	No	ceiling	143 SF	Removal
Master bathroom	No	ceiling	20 SF	Removal
Master bathroom	No	walls	126 SF	Removal
Master bathroom	No	floor	20 SF	Removal
Basement laundry room	No	back perimeter wall	84 SF	Removal
Basement laundry room	No	left wall	50 SF	Removal

3897

Print Form

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

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Check 3897

Date of Notification (1) 08/23/2026		Name of Building Owner/Operator (2) SEP 1 2026							
Agencies Notified	Type Notification	Street Address 431 Division Ave							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Carlstadt, NJ 07072							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address 431 Division Ave		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Carlstadt, NJ 07072		Square Feet 1,106	# of Floors 1						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Bldg. Age 1900							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
Street Address		Name of Abatement Contractor (9) VEL Construction, LLC							
City, State, Zip Code		Street Address 75 Voorhis Place							
Project Manager for Monitoring Firm		City, State, Zip Code Ringwood NJ 07456							
Telephone No.		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 09/01/2026	Scheduled Completion Date (11) 09/08/2026	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
Basement		X		pipe insulation	50 LF	x			
Basement		X		boiler insulation & boiler removal	60 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 09/08/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 08/23/2026			

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

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Print Form

3904

Date of Notification (1) 08/23/2026		Name of Building Owner/Operator (2) SEP 1 2026	
Agencies Notified	Type Notification	Street Address 105 Booream Ave	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Milltown, NJ 08850	
		Name of Contact	Telephone Number
Name of Facility Where Abatement is Taking Place (3) Residential House			
Street Address 105 Booream Ave		Type of Facility (4)	
City (5) Milltown, NJ 08850		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Square Feet 1,360	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 1930	
Street Address		Current Use (Prior if being demolished)	
City, State, Zip Code		Name of Abatement Contractor (9) VEL Construction, LLC	
Project Manager for Monitoring Firm		Street Address 75 Voorhis Place	
Telephone No.		City, State, Zip Code Ringwood NJ 07456	
Start Date (10) 09/01/2026	Scheduled Completion Date (11) 09/08/2026	Telephone No. 201-466-0166	License No. 02126
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address	
Scope of Work (Check All That Apply)		City, State, Zip Code	
☐ ≥ 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)
Basement	Yes No N/A	Floor tile	100 SF
Basement		mastic	750 SF
Basement		carpet	576 SF
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5
City, State Elizabeth, NJ		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by Lubica Perez		Disposal Date 09/08/2026	City, State Pen Argyl, PA
Title Owner		Signature Lubica Perez	Date 08/23/2026

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

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Date of Notification (1) 08/22/2026		Name of Building Owner/Operator (2) SEP 1 2026							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 46 S Stanley Rd City, State, Zip Code South Orange Village, NJ 07079 Name of Contact Telephone Number						
			ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 46 S Stanley Rd		Square Feet 2,079	# of Floors 2						
City (5) South Orange Village, NJ 07079		Bldg. Age 1922							
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) 08/31/2026	Scheduled Completion Date (11) 09/07/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address City, State, Zip Code							
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		Floor tile & mastic	1,023 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 09/07/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 08/22/2026		

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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) 08/22/2026		Name of Building Owner/Operator (2) SEP 1 2026							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 151 Conover Ave City, State, Zip Code Nutley, NJ 07110 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 151 Conover Ave		Square Feet 1,400	# of Floors 1						
City (5) Nutley, NJ 07110		Bldg. Age 1951							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 08/31/2026	Scheduled Completion Date (11) 09/03/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room		x		pipe insulation	40 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 09/03/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 08/22/2026			

3902

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

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Date of Notification (1) 08/22/2026		Name of Building Owner/Operator (2) SEP 1 2026							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 3 Princeton Dr ASBESTOS CONTROL & LICENSING						
			City, State, Zip Code Middlesex, NJ 08846						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3 Princeton Dr		Square Feet 1507	# of Floors 1						
City (5) Middlesex, NJ 08846		Bldg. Age 1968							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 08/31/2026	Scheduled Completion Date (11) 09/03/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If		☒ 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
Bathroom		X		Sheetrock joint compound	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 09/03/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 08/22/2026		

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

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Date of Notification (1) 08/24/2026		Name of Building Owner/Operator (2) Shunori Ramanathan		SEP 1 2026	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 935 Black Horse Pike City, State, Zip Code Pleasantville, NJ 08232 Name of Contact Shunori Ramanathan, GEBRUDER PARTI Telephone Number (203) 298-2535	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial - PNC Bank				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 935 Black Horse Pike				Square Feet 2,509 # of Floors 1 Bldg. Age 1980	
City (5) Pleasantville, NJ 08232				County Code (7) Atlantic County Code (7) (ATLANTIC 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 Ringwood NJ 07456	
City, State, Zip Code		Telephone No. 201-466-0166		License No. 02126	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor	
Start Date (10) 08/29/2026		Scheduled Completion Date (11) 09/04/2026		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)	
		Yes No N/A		Amount (Specify SF or LF)	
Utility Room		x		1x1 white tile 100 SF	
Hall & Lunchroom		x		Mastic 200 SF	
Vault		x		Floor tile 100 SF	
Teller Roof		x		Duct tar 50 SF	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	
City, State Elizabeth, NJ		Disposal Date 09/04/2026		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Pen Argyl, PA		Signature Lubica Perez		Date 08/24/2026	
Completed by Lubica Perez		Title Owner		Date 08/24/2026	

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

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Date of Notification (1) 08/24/2026		Name of Building Owner/Operator (2) NJ Retail Acquisitions, LLC		SEP 1 2026	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 244 Mountain Ave City, State, Zip Code Springfield, NJ 07081 Name of Contact Mike Trond Telephone Number 908 884 7388	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4)	
Street Address 244 Mountain Ave				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Springfield, NJ 07081				Square Feet TBD	# of Floors 1
County (6) Union		County Code (7) (STATE USE ONLY) _____		Bldg. Age 1960	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address				Street Address 75 Voorhis Place	
City, State, Zip Code				City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-466-0166	License No. 02126
Start Date (10) 09/02/2026		Scheduled Completion Date (11) 09/09/2026		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) <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		
First floor		x		Floor tile & mastic	720 SF
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 09/09/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner		Signature Lubica Perez	Date 08/24/2026

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

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Date of Notification (1) 08/20/2026		Name of Building Owner/Operator (2) SEP 1 2026							
Agencies Notified	Type Notification	Street Address 98 Marmora Rd							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Parsippany, NJ 07054							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 98 Marmora Rd		Square Feet 1,672	# of Floors 2						
City (5) Parsippany, NJ 07054		Bldg. Age 1960							
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) 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) 08/22/2026	Scheduled Completion Date (11) 08/29/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf									
☒ Renovation ☐ Demolition									
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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		Laminate floor, tile & mastic	88 SF	x			
Family room & hallway		x		Laminate floor, tile & mastic	403 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 08/29/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 08/20/2026			