

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

B & G Project # 2026-145

Check # 13879

Date of Notification (1) 09/11/2026		Name of Building Owner/Operator (2) NJ SDA							
Agencies Notified	Type Notification	Street Address 32 East Front Street							
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	City, State, Zip Code Trenton, NJ 08625							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	Name of Contact George Kloutis, Sr. Proj. Officer	Telephone Number 609-858-5175						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Passaic 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 170 Paulison Avenue		Square Feet	# of Floors						
City (5) Passaic		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Educational Facility							
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) 09/21/2026	Scheduled Completion Date (11) 09/02/2027	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		City, State, Zip Code Butler, NJ 07405							
☒ Abatement Performed Outside of Normal Facility Hours									
Other - Describe: <u>Unoccupied</u>									
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
See attached list of ACM's			X			X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1,200	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date Various Dates		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>				Date 09/11/2026	

Continuation sheets for the 10-day notification for the asbestos removal project at:

Former Passaic High School located at 170 Paulison Avenue, Passaic, NJ

Interior Asbestos Containing Materials:

Location	Description	Approximate Quantity
Admin Wing - Northern Stairwell	Air Cell TSI (8")	10 LF
Admin Wing - Adjacent to Exterior Walls	White Block Insulation (4")	600 LF
Admin Wing - Adjacent to Exterior Walls	Mud Joint (4")	90
Auditorium	Ceiling Surfacing	8,000 SF
Weight Room	Air Cell TSI (4")	20LF
Throughout M/A/G Wings	Floor Tile/Mastic	100,000 SF
Weight Room, Girls Locker Room, M/G Wing Hallways	Transite Panels	1,665 SF
Auditorium; Cafeteria, M/A/G Wing Hallways	Sprayed-On Fire Proofing	8,000 SF
Auditorium, Office, Stage	Vibration Collar	50 SF
Throughout M/A/G Wings	Fire Doors	215
M306, M311	Lab Hoods	75 SF
Throughout M/A/G Wings	Air Cell Pipe Insulation	500 LF
Throughout M/A/G Wings	Compressed Paper Pipe Insulation	7,000 LF
Throughout M/A/G Wings	Asbestos Block Pipe Insulation	7,700 LF
Throughout	Classroom Countertops	2,000 SF
M205, M203, M201	Popcorn Ceiling on Soffit	1,680 SF
Throughout M/A/G Wings	12" x 12" Glued On Ceiling Tile	75,000 SF
Throughout	Window Saddles	2,000 SF

Exterior Asbestos Containing Material:

Location	Description	Approximate Quantity
Main Building Roof at FC #1 and Main Building Roof at FC#3	6th Layer of Built-Up Roofing Tar at Wood Curb	5,000 SF
SW Corner of Main Building near M203 Serv. at Window System and West Side of Main Building, NW Corner Outside M118 Classroom	Black Exterior Caulk	9,600 LF
West Side of Main Building Outside M224 Classroom and SW Corner of Main Building Outside M203 Serv.	Black Tar Vapor Barrier where Concrete Meets Brick Facade (Slab)	2,600 LF

West Side of Main Building Outside M224 Classroom and West Side of Main Building Outside M224 Classroom	Old generation Exterior White Window System Caulk where Brick meets Metal.	300 LF
North Side of Main Building at Stairwell Doors and NE Corner of Main Building at Doors at Top of Stairs	Light Grey/Off White Exterior Caulk	150 LF
Main Building SW Corner at Facade Probe #2A(6") and at Facade Probe #2B (16")	Black Vapor Barrier/Tar Behind Brick at concrete	2,600 SF
Mechanical Curb near RC #5 and Mechanical Curb near RC #6	Flashing Tar at Mechanical Curb	1,600 SF
SW Side of G-Wing at Door GI-1 and E Side of G-Wing South Side of Auto Shop	Off White/Tan Exterior Caulk	80 LF
North Corner of the New Gym at Door Floor	Grey New Generation Exterior Caulk	2,000 LF
Above Textured Glass at Stairwell to 1st Floor Courtyard Door and G-Wing - West Side North of Stairwell Down	Exterior Tan Caulk	325 LF
G-Wing West Elevation Facade Probe #1B (6") and G-Wing SE Corner Facade Probe #9A (6")	Black Vapor Barrier/Tar Behind Brick at CMU	2,500 SF
G-Wing South Side Concrete Wall	Black Vapor Barrier/Tar at Concrete Wall at Soil Line	240 SF
West-Side Near S/W Corner and South-Side Near S/W Corner & Stairs	Black Vapor Barrier Coating (Mastic) Foundation Concrete	1,800 SF
West-Side where Boiler Room Expansion Joint Meets Chimney Stack and South-Side Courtyard Stone Wall Curtain Window Systems	White Exterior Caulk Type I	500 LF
N/E Side of Boiler Room at Door	Exterior White Caulk At Doors (Old generation)	200 LF
1956 Building Boiler Room Roof at FC#12 and Boiler Room Roof at FC#13	4th Bottom Layer of Built-Up Flashing - Flashing Tar at Masonry	1,220 SF
1956 Building where Boiler Room Roof Flashing meets Auditorium and South Side of Boiler Room Roof - where Metal Flashing meets Concrete	Old Generation Flashing Tar	1,220 SF
1956 Building Auditorium West Elevation at Facade Probe #60 (4 1/2") and at Facade Probe #6E (80")	Black Vapor Barrier Behind Brick	1,900 SF
1956 Building Auditorium West Elevation at Facade Probe #6E (80")	Mesh Vapor Barrier with Tar Behind Brick	1,100 SF
1955 Building Lower Roof at RC#14 and Lower Roof at RC#15	Bottom/7th Layer of Built-Up Roofing - Red Vapor Barrier with Tar	4,000 SF

1955 Building Lower Roof at FC#14 and Lower Roof at FC#15	2nd Layer of Built-Up Roof Flashing - Old Generation Cap Sheet with Tar	1,770 SF
1956 Building Lower Roof at FC#14 and Lower Roof at FC#15	5th/Bottom Layer of Flashing - Flashing Tar at Metal	1,770 SF
1955 Building Lower Roof at SE Mechanical Curb of Exhaust Fan and at NE Mechanical Curb of Exhaust Fan	Flashing Tar	700 SF
1955 Building Lower Roof at SE Corner at Windows and Lower Roof at NE Corner at Windows	White Exterior Window Glazing	7,000 LF

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13883

RECEIVED

B & G Project # 2026-119

Check # 13883

SEP 17 2026

Date of Notification (1) 09/14/2026		Name of Building Owner/Operator (2) Princeton University						
Agencies Notified	Type Notification	Street Address						
☒ EPA ☐ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	Elm Drive, Facilities Procurement Office, EA MacMillan Bldg.						
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Princeton, NJ 08543						
		Name of Contact Eric Emery, PE	Telephone Number 609-258-3432					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Princeton University - Moffet Laboratory		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Washington Road		Square Feet	# of Floors					
City (5) Princeton, NJ		Bldg. Age						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Educational						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. 00102	Name of Abatement Contractor (9) B & G Restoration, Inc.					
Street Address 515 Grove St.		Street Address 1234 Route 23						
City, State, Zip Code Haddon Heights, NJ 0803		City, State, Zip Code Butler, NJ 07405						
Project Manager for Monitoring Firm Richard Egner		Telephone No. 856-547-0505	License No. 00378					
Start Date (10) 09-28-2026	Scheduled Completion Date (11) 11-06-2026	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: <u>Occupied</u>		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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
See attached list of ACM		X			X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill				
City, State Butler, NJ		Disposal Date 09/28/26 - 11/06/26		City, State Pen Argyl, PA				
Completed by Gordana Luna		Title Secretary / Treasurer		Signature Gordana Luna		Date 09/14/2026		

Re: Cont. sheet initial notification dated 9-14-26 NJDOL, NJDOH, USEPA

Princeton University – Moffet Laboratory
Washington Road
Princeton, NJ

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	(LF or SF)	Removal
Room 324	NO	Floor tile and mastic	1,440 SF	X
Room 325	NO	Floor tile and mastic	310 SF	X
Room 333 A	NO	Floor tile and mastic	207 SF	X
Room 326 B Corridor	NO	Floor tile and mastic	160 SF	X
Hallway	NO	Floor tile and mastic	1,010 SF	X
Room 328	NO	Floor tile and mastic	192 SF	X
Room 335 / 335 VES	NO	Floor tile and mastic	120 SF	X
Room 333 Lab, bottom layer	NO	Floor tile and mastic	832 SF	X
Room 333 B, bottom layer	NO	Floor tile and mastic	400 SF	X
Hallway	NO	Glue dots (Brown) associated with chalkboards	230 SF	X

B & G Restoration, Inc.
1234 Route 23 North
Butler, NJ 07405
License # 00378

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

Date of Notification (1) 9 / 11 / 26		Name of Building Owner/Operator (2) PSE&G / Job #2604-6573 Check #18172							
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 Kelsey DuBois	Telephone Number 908-328-4248						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Fairview Substation		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 22 Bergenwood Road		Square Feet	# of Floors						
City (5) Fairview		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCN 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 / 24 / 26	Scheduled Completion Date (11) 10 / 16 / 26	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ 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
SEE ATTACHED	☐	☐	☒	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 10/16/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9-11-26			



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

**PSEG Fairview Substation
22 Bergenwood Road, Fairview, NJ**

AbateTech proposes to provide the removal & packaging of asbestos related materials identified in the table 2 summary provided by Matrix New World. PSEG to supply waste containers and disposal.

Asbestos:

- 28 LF Brown Frame Window, 1st floor Women's & Men's Bathrooms.
- 20 LF Window Caulk, 1st Floor Warehouse.
- 24 SF Window Glazing Brown, 2nd Floor Bathrooms #1 & #2.
- 67 LF Spam Tar, East Elevation.
- 1,145 SF Flashing Tar, Roof.
- 229 SF Seam Tar to Coping Stone, Roof.

Materials Assumed ACM:

- 6 LF Large braided Wiring, 1st Floor Elevator Room.
- 18 LF Black Braided Wiring, 2nd Floor Warehouse.

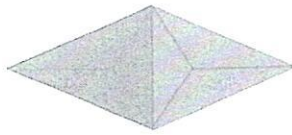
5406

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

4405534 Print Form

Check #5406

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) Industrial VI Enterprises, LLC		RECEIVED	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 300 Turtle Creek Blvd. City, State, Zip Code Dallas, TX 75219 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 2115 Route 322 (AKA Swedesboro Rd.)			Square Feet 3200		
City (5) Woolwich			# of Floors 1		
County (6) Gloucester			Bldg. Age 75		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residential Structure		
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates Inc.		ASCM No.		Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 30 Independence Blvd., Suite 250		Street Address 16 Glenwild Ave		City, State, Zip Code Bloomingdale, NJ 07403	
City, State, Zip Code Warren, NJ 07059		Telephone No. 267 469 7955		Telephone No. 973 928 3995	
Project Manager for Monitoring Firm Jeremy Hassett		License No. 01181		Name of OSHA Monitor Hazmat Diagnostic LLC	
Start Date (10) 09/14/2026		Scheduled Completion Date (11) 09/24/2026		Street Address 16 Glenwild 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: 7 AM to 4 PM		City, State, Zip Code Bloomingdale, NJ 07403		Abatement Type Removal Repair Encapsulate Enclosure	
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) 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)	
Garage & Basement		X		TSI	
Kitchen & Master Bedroom		X		Glue Dots/Lino (Mastic)	
Kitchen		X		VAT (under wood floor)	
Basement		X		VAT (green/tan)	
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD	
City, State Bloomingdale, NJ 07403		Disposal Date TBD		Name of Registered Landfill Minerva Landfill	
City, State Waynesburg, OH		Signature Deni Naumovski		Date 09/03/2026	
Completed by Deni Naumovski		Title CEO			



Hazmat Diagnostic L.L.C.
Construction and Restoration Group
Environmental Services

Location of ACM	Used by Custodial Staff	Description of ACM	Amount (LF or SF)	Abatement Type Removal
Outside	N/A	Window glazing	80 LF	x
Outside	N/A	Transite	820 SF	x

Tel: 973 928 3995

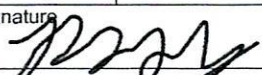
e-mail: info@hazmatdisgnostic.com
16 Glenwild Ave
Bloomingdale, NJ 07403

Fax: 973 928 3994

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

RECEIVED

SEP 15 2026

Date of Notification (1) 9/9/2026		Name of Building Owner/Operator (2) 308 lilac lane							
Agencies Notified	Type Notification	Street Address 308 lilac lane							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Delanco NJ 08075							
		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 308 lilac lane		Square Feet 1,638	# of Floors 2						
City (5) Delanco		Bldg. Age 1952							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Living							
Name of Monitoring Firm Hired by Building Owner (8) EA consulting LLC		ASCM No.	Name of Abatement Contractor (9) Belco Demolition						
Street Address 1720 Glassboro Road		Street Address 950 ridge rd suit A-6							
City, State, Zip Code Williamstown, NJ 08094		City, State, Zip Code Claymont, DE, 19703							
Project Manager for Monitoring Firm David costa		Telephone No. 856-803-0839	Telephone No. 856-298-2571						
License No. 02124									
Start Date (10) 9-19-2026	Scheduled Completion Date (11) 9-21-2026	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		9x9 floor tile	900sf	x			
Name of Registered Waste Hauler Tri-state		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15	Name of Registered Landfill Cherry Island					
City, State Wilmington, DE		Disposal Date		City, State					
Completed by Ronald Ormsby		Title Owner		Signature 		Date 9-9-2026			

13873

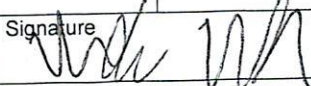
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

B & G Project # 2026-150

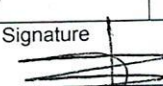
Check # 13873

Date of Notification (1) 09/08/2026		Name of Building Owner/Operator (2) PAID	
Agencies Notified	Type Notification	Street Address 415 Orange Road	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Montclair, NJ 07042	
		Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 415 Orange Road		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Montclair, NJ 07042		Square Feet	# of Floors
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) 09/18/2026	Scheduled Completion Date (11) 09/19/2026	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)		☐ Wrap and Cut ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition	
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	
boiler room & main basement area			X
Amount (Specify SF or LF) 65 LF		Abatement Type	
		Removal	Repair
		Encapsulate	Enclosure
			X
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2
City, State Butler, NJ		Name of Registered Landfill Grand Central Landfill	
Disposal Date 09/19/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>
		Date 09/08/2026	

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

Date of Notification (1) 09/07/2026		Name of Building Owner/Operator (2) PAID							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 25 Alden Street		City, State, Zip Code Wallington, NJ.07057							
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 Alden Street		Square Feet N/A	# of Floors N/A						
City (5) Wallington		Bldg. Age N/A							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ.07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
License No. 01274		Name of OSHA Monitor EHW ABATEMENT LLC							
Start Date (10) 09/18/2026		Scheduled Completion Date (11) 09/19/2026							
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 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
Basement		X		pipe insulation	80 LF	X			
BASEMENT		X		BOILER INSULATION	20 SF	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 09/08/2026		

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

Date of Notification (1) 09/07/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 240 E Palisade Ave, Apt F-08							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Englewood, NJ 07631 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 240 E Palisade Ave, Apt F-08		Square Feet N/A	# of Floors N/A						
City (5) Englewood, NJ 07631		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	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) 09/17/2026	Scheduled Completion Date (11) 09/19/2026	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
Apartment		X		TSI	25LF	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 09/07/2026	

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

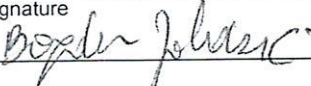
Date of Notification (1) 09 / 08 / 26		Name of Building Owner/Operator (2) 224 Roosevelt Avenue							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 224 Roosevelt Avenue City, State, Zip Code Avon, NJ 07717 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 224 Roosevelt Avenue		Square Feet 1500							
City (5) Avon		# of Floors 1	Bldg. Age 85						
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 / 18 / 26		Scheduled Completion Date (11) 09 / 21 / 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: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor E.M.S.L. Analytical							
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure		Street Address 1056 Stelton 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) 1500 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 09/21/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/8/26			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)

Date of Notification (1) 9/9/26		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	129 Ocean Road City, State, Zip Code Ocean City, NJ 08226 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 S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5)		Square Feet	# of Floors						
Ocean City									
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Cape May County									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Asbestos Abatement Contractors, LLC						
City, State, Zip Code		Street Address							
		1212 Burlington Ave							
Project Manager for Monitoring Firm		City, State, Zip Code							
Telephone No.		Asheboro NJ 27805							
Start Date (10)		Telephone No.	License No.						
9/21/26		657-346-5916	01070						
Scheduled Completion Date (11)		Name of OSHA Monitor							
9/25/26									
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)									
☐ ≥ 5 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 160 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	NA			Removal	Repair	Encapsulate	Enclose
Exterior			X	Transit Siding	3000 SF	✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler (14) No.	Cubic Yards of Waste	Name of Registered Landfill					
The Can Man			20 yd	Cape May County MUA					
State		Disposal Date	City, State	Date					
NJ		12/1	Cape May NJ	9/9/26					
Signed by		Title	Signature						
John T. Hill		W. Resident	[Signature]						

* 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) 9/09/26		MS# 26-131		Name of Building Owner/Operator (2)					
Agencies Notified		Type Notification		Street Address					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		127 West 27th St					
				City, State, Zip Code Bayonne, NJ 07002					
				Name of Contact		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 127 West 27th Street				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bayonne, NJ				Square Feet 1,100	# of Floors 2	Bldg. Age 90			
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc				
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-345-8020		License No. 01169		
Start Date (10) 09/22/26		Scheduled Completion Date (11) 09/24/26		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	95 LF	X			
1st Floor Hallway		X		Plaster Clean Up	15 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 		Date 09/10/2026			

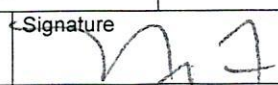
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

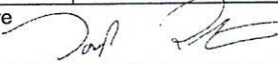
Date of Notification (1) 9/09/26		MS# 26-136		Name of Building Owner/Operator (2)					
Agencies Notified		Type Notification		Street Address					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		172 Claremont Ave					
				City, State, Zip Code Jersey City, NJ 07305					
				Name of Contact		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 172 Claremont Ave				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Jersey City, NJ				Square Feet 1,200		# of Floors 3			
						Bldg. Age 95			
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc				
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-345-8020		License No. 01169		
Start Date (10) 09/22/26		Scheduled Completion Date (11) 09/24/26		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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	91 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 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 09/10/2026			

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

RECEIVED

Date of Notification (1) 09 / 09 / 26		Name of Building Owner/Operator (2) 50613							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 11 Ethan Court							
		City, State, Zip Code Hillsborough, NJ 08844							
		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 E. Shore Way									
City (5) Lavallette	Square Feet 1050	# 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. 732-349-9932	License No. 00624						
Start Date (10) 09 / 21 / 26	Scheduled Completion Date (11) 09 / 23 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	Enclose
exterior	☐	☒	☐	asbestos siding	1050 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 09/23/26	City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/9/26			

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

Date of Notification (1) 09/08/2026		Name of Building Owner/Operator (2) PAID							
Agencies Notified	Type Notification	Street Address 37 PEARL ST							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code NORTH PLAINFIELD NJ 07060							
		Name of Contact ASBESTOS CONTROL & LICENSING							
		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 37 PEARL ST		Square Feet	# of Floors						
City (5) NORTH PLAINFIELD		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)		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) 09/24/2026	Scheduled Completion Date (11) 09/24/2026	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				PIPE INSULATION	12 LF	☒			
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 09/24/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/08/2026			

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Print Form

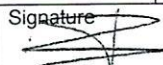
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 08-28-26		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 # <u>1</u> ☐ 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 910 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) 08-12-26	Scheduled Completion Date (11) 08-18-26	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
1st Floor		X		Lenoleum	220 SF	X			
1st & 2nd Floor		X		Ceiling Textured	505 SF	X			
Exterior		X		Transite Siding	3,240 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management of Pennsylvania					
City, State Elizabeth, NJ			Disposal Date 08-17-26	City, State Fairless, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature Jaime Delgado			Date 08-28-26			

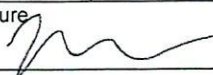
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) SEP 14 2026							
Agencies Notified	Type Notification	Street Address 10 Blueberry Hill							
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	City, State, Zip Code Upper Saddle River, NJ 07458							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	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 10 Blueberry Hill		Square Feet N/A	# of Floors N/A						
City (5) Upper Saddle River, NJ 07458		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	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) 09/04/2026	Scheduled Completion Date (11) 09/06/2026	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	140	X			
						X			
						X			
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF					
City, State Wayne NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Dejan Antic Dopsaj		Title President	Signature 			Date 09/03/2026			

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

4406067

Date of Notification (1) 8/27/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 11 Roliver St							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact	Telephone Number ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family		Type of Facility (4)							
Street Address 11 Roliver St		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Rutherford		Square Feet unknown	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age unknown						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC						
Street Address		Street Address 30 Sherman Ave							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm TBD		Telephone No.	Telephone No. 908-270-8556						
			License No. 02109						
Start Date (10) 9/11/2026	Scheduled Completion Date (11) 9/12/2026	Name of OSHA Monitor David Cuevas							
Occupancy Status During Abatement (Check Only One)		Street Address 74 Franklin Ave							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Basement unoccupied</u>		City, State, Zip Code East Orange, NJ 07017							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	X		X						
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill					
City, State Elizabeth, NJ			Disposal Date	City, State Morgantown PA					
Completed by John Kim		Title President	Signature 		Date 8/27/2026				

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

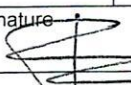
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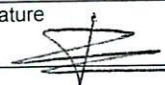
Date of Notification (1) 9/08/26		MS# 26-133		Name of Building Owner/Operator (2) RECCI LLC			
Agencies Notified		Type Notification		Street Address			
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☐ Initial ☒ Amended Amendment #01 ☐ Emergency (including justification) ☐ Cancellation		254 East Clinton Ave			
				City, State, Zip Code Bergenfield, NJ 07621			
				Name of Contact		Telephone Number	
						DL & LICENSING	
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	
						Bldg. Age 80	
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) 09/23/26		Scheduled Completion Date (11) 09/28/26		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)	
		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 Recourse Recovery	
City, State 20 California Ave Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA	
Completed by Bogdan Joldzic		Title President		Signature Bogdan Joldzic		Date 09/08/2026	

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

Date of Notification (1) 07/23/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 543 Hartford Rd,							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code South Orange NJ 07079							
		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 543 Hartford Rd,		Square Feet N/A	# of Floors N/A						
City (5) South Orange NJ 07079Essex		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						
			License No. 02097						
Start Date (10) 07/24/2026	Scheduled Completion Date (11) 07/25/2026	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: non-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	Enclosure
Garage		X		Duct	25 LF	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 07/23/2026		

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

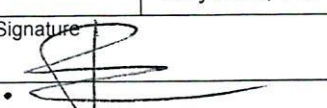
RECEIVED

Date of Notification (1) 08/02/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 2177 Lakeside Drive							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☒ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Highland Lakes, NJ 07422							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 2177 Lakeside Drive		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Highland Lakes, NJ 07422		Square Feet N/A	# of Floors N/A						
County (6) Sussex		Bldg. Age N/A							
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) 08/03/2026	Scheduled Completion Date (11) 08/06/2026	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 ☒ 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
First floor		X		VAT	650	X			
First floor		X		Mastic	650	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 08/02/2026		

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

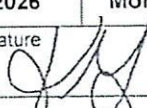
Date of Notification (1) 08/05/2026		Name of Building Owner/Operator (2) 23 Longfellow Terrace							
Agencies Notified	Type Notification	Street Address 23 Longfellow Terrace							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Marlboro Twp NJ 07751							
		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 23 Longfellow Terrace		Square Feet N/A	# of Floors N/A						
City (5) Marlboro Twp NJ 07751		Bldg. Age N/A							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC							
Street Address		Street Address 329 Parish Dr							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 02097						
Start Date (10) 08/06/2026	Scheduled Completion Date (11) 08/08/2026	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: non-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
First floor		X		VAT	220	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 08/06/2026			

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

Date of Notification (1) 08/04/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 62 Southern Slope Dr							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☒ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Millburn NJ, 07041							
		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 62 Southern Slope Dr		Square Feet N/A	# of Floors N/A						
City (5) Millburn NJ, 07041		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) 08/05/2026	Scheduled Completion Date (11) 08/07/2026	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
Crawlspace		X		ACM debris	100	X			
Basement		X		Mastic	40	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 08/04/2026		

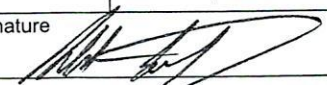
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 08 / 26		Name of Building Owner/Operator (2) # 2607-3599 check # N/A							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment #1 ☒ Emergency (including justification) ☐ Cancellation	Street Address 55 E River Drive City, State, Zip Code Willingboro NJ 08046 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 55 E River Drive		Square Feet 1954	# of Floors 2						
City (5) Willingboro		Bldg. Age 1967							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 400 Street Road		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Bensalem PA 19020		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Office		Telephone No. 215-244-1300	License No. 00862						
Start Date (10) 09 / 15 / 26	Scheduled Completion Date (11) 09 / 17 / 26	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
☐ >3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	☐	☐	☒	Joint Compound	32 SF	☒	☐	☐	☐
Dining Room	☐	☐	☒	Joint Compound	26 SF	☒	☐	☐	☐
Foyer	☐	☐	☒	Floor Tile	58 SF	☒	☐	☐	☐
Living Room	☐	☐	☒	Floor Tile	167 SF	☒	☐	☐	☐
Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills					
City, State Lumberton, NJ		Disposal Date 09/17/2026		City, State Morrisville, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Admin		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) 9/11/26		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 26 Jefferson Dr.		City, State, Zip Code Roxbury Township, NJ 07836							
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 26 Jefferson Dr.		Square Feet 2300	# of Floors 2						
City (5) Roxbury Township		Bldg. Age 60 +/-							
County (6) Morris	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.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 55 Cannonball Rd.							
Project Manager for Monitoring Firm		City, State, Zip Code Pompton Lakes, NJ 07442							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/22/26	Scheduled Completion Date (11) 9/25/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8:00 A.M to 4 P.M.		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 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	593 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 9/11/26		

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

RECEIVED

Date of Notification (1) 9/11/26		Name of Building Owner/Operator (2) SEP 16 2026							
Agencies Notified	Type Notification	Street Address 17 Maysenger Rd.							
☒ 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) 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 17 Maysenger		Square Feet 2800	# of Floors 2						
City (5) Mahwah		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) 9/13/26	Scheduled Completion Date (11) 9/14/26	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: 8:00 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 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
Living Room		x		Pipe Wrap	9 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 9/11/26			

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

RECEIVED

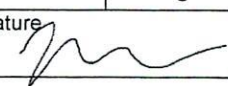
Date of Notification (1) 9/11/26		Name of Building Owner/Operator (2) SEP 16 2026							
Agencies Notified	Type Notification	Street Address 92 C Greenfield Ln.							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Monroe, NJ 08831							
		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 92 C Greenfield Ln.		Square Feet 1800	# of Floors 2						
City (5) Monroe		Bldg. Age 60 +/-							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) 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) 9/12/26	Scheduled Completion Date (11) 9/13/26	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: 8:00 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 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
Attic		x		Vermiculite	5 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ			Disposal Date TBD	City, State Easton, PA.					
Completed by Richard Cristofol		Title President		Signature 			Date 9/11/26		

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

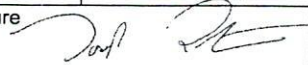
CHK # 1959

Date of Notification (1) 9/8/2026		Name of Building Owner/Operator (2) PAID		RECEIVED SEP 16 2026 ASBESTOS CONTROL & LICENSING					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 11 Cambridge Ln. City, State, Zip Code Somerset, NJ 08873 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 11 Cambridge Ln.			Square Feet 2,422	# of Floors 1	Bldg. Age 1955				
City (5) Somerset, NJ 08873			Current Use (Prior if being demolished)						
County (6) Somerset		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) DANVIC CONTRACTING LLC					
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 9/9/2026		Scheduled Completion Date (11) 9/14/2026		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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen Area			X	Linoleum	140 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature Jeymy Donneys		Date 9/8/2026			

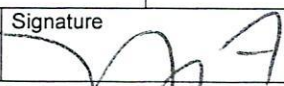
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/4/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 71 Curtis Ave							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Piscataway NJ 08854							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 71 Curtis Ave		Square Feet unknown	# of Floors 2						
City (5) Piscataway		Bldg. Age unknown							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC						
Street Address		Street Address 30 Sherman Ave							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109						
Start Date (10) 9/14/2026	Scheduled Completion Date (11) 9/15/2026	Name of OSHA Monitor David Cuevas							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Basement unoccupied</u>		Street Address 74 Franklin Ave							
		City, State, Zip Code East Orange, NJ 07017							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		X	VAT	400 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill					
City, State Elizabeth, NJ			Disposal Date	City, State Morgantown PA					
Completed by John Kim		Title President	Signature 			Date 9/4/2026			

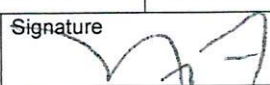
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/10/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 20 OLIVER DR							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code NEPTUNE NJ 07753							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 20 OLIVER DR		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NEPTUNE		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.	License No. 1200						
Start Date (10) 9/20/2026	Scheduled Completion Date (11) 9/22/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One)		Street Address 6 White Dove Court							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe:		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				TILES	350 SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 2	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 9/22/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 9/10/2026			

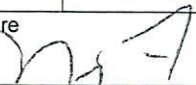
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 10 / 26		Name of Building Owner/Operator (2) Pasckack Coastal Construction							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 155 Arthur Street							
		City, State, Zip Code Hillsdale, NJ 07642							
		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 51 Freemont Avenue		Square Feet 900	# of Floors 1						
City (5) Seaside Heights		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 / 22 / 26	Scheduled Completion Date (11) 09 / 24 / 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	900 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 09/24/26	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager		Signature 			Date 9/10/26			

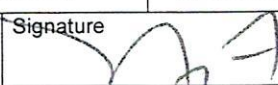
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 10 / 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						
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 1415 Waverly Avenue		Square Feet 1700	# of Floors 1						
City (5) LB Twp		Bldg. Age 80							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) 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 / 21 / 26	Scheduled Completion Date (11) 09 / 23 / 26	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ 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
garage apartment	☐	☒	☐	asbestos floor tile	550 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 09/23/26	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 				Date 9/10/26			

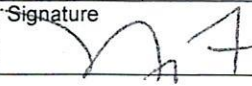
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 10 / 26			Name of Building Owner/Operator (2) Pasackack Coastal Construction			RECEIVED 50616 SEP 14 2026							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 155 Arthur Street			City, State, Zip Code Hillsdale, NJ 07642						
				Name of Contact		Telephone Number							
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Residence						Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 104 Bay Blvd.													
City (5) Seaside Heights						Square Feet 900	# of Floors 1	Bldg. Age 80					
County (6) Ocean			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.								
Street Address					Street Address 1889 Route 9, Unit 61								
City, State, Zip Code					City, State, Zip Code Toms River, New Jersey 08755								
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732-349-9932		License No. 00624						
Start Date (10) 09 / 22 / 26		Scheduled Completion Date (11) 09 / 24 / 26		Name of OSHA Monitor E.M.S.L. Analytical									
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM					Street Address 1056 Stelton								
					City, State, Zip Code Piscataway, New Jersey 08854								
Scope of Work (Check all that apply)													
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf			☐ Renovation ☒ Demolition			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 900 sf		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
exterior			☐ ☒ ☐			asbestos siding		900 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 09/24/26		City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola			Title Project Manager			Signature 			Date 9/10/26				

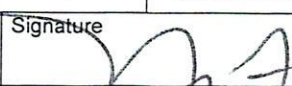
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 09 / 10 / 26		Name of Building Owner/Operator (2) Tradewinds Builders, LLC		RECEIVED 50614 SEP 14 2026					
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					
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 3 Mea Lane									
City (5) LB Twp			Square Feet 1700	# of Floors 1	Bldg. Age 80				
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932	License No. 00624					
Start Date (10) 09 / 23 / 26		Scheduled Completion Date (11) 09 / 25 / 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		☐ 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
exterior	☐	☒	☐	asbestos siding	1700 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 09/25/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/10/26			

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

Date of Notification (1) 09 / 10 / 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 12 Holiday Road									
City (5) Seaside Heights		Square Feet 1800	# of Floors 1						
		Bldg. Age 80							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 21 / 26	Scheduled Completion Date (11) 09 / 24 / 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-house & shed	☐	☒	☐	asbestos siding	2050 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 09/24/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager		Signature 			Date 9/10/26			

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

Date of Notification (1) 09 / 10 / 26		Name of Building Owner/Operator (2) Disantis Contracting, LLC		RECEIVED 50618 SEP 14 2026					
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 306 Lanyard Road									
City (5) Seaside Heights (Ortley)			Square Feet 1000	# of Floors 1	Bldg. Age 80				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8)		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 / 21 / 26		Scheduled Completion Date (11) 09 / 24 / 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) 1000 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 09/24/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/10/26			

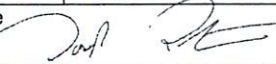
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

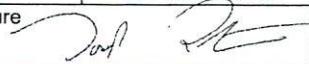
Date of Notification (1) 9/10/26		MS# 26-142		Name of Building Owner/Operator (2)					
Agencies Notified		Type Notification		Street Address					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		149 Park Ave					
				City, State, Zip Code					
				Randolph, NJ 07869					
				Name of Contact					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
149 Park Ave									
City (5) Randolph, NJ				Square Feet	# of Floors				
				1,200	2				
				Bldg. Age					
				65					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior to 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.	License No.				
				973-345-8020	01169				
Start Date (10) 09/21/26		Scheduled Completion Date (11) 09/23/26		Name of OSHA Monitor D&S 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: Regular Hours				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
Designated Section of Basement		X		VAT/Mastic	330 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 09/10/2026			

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

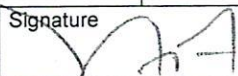
RECEIVED

Date of Notification (1) 09/09/2026		Name of Building Owner/Operator (2) Optima Builders & DEVELOPERS							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 8 TRUDY LANE		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 12 SYLVAN CT		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) 9/22/2026	Scheduled Completion Date (11) 9/22/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☒ 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
Exterior				Siding	1500 SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 4	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 9/22/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/09/2026			

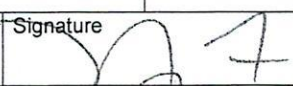
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/09/2026		Name of Building Owner/Operator (2) Optima Builders & DEVELOPERS							
Agencies Notified	Type Notification	Street Address 8 TRUDY LANE							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Lakewood NJ 08701							
		Name of Contact	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 7 SYLVAN CT		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)		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) 9/22/2026	Scheduled Completion Date (11) 9/22/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ 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) 1500 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Siding		☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 4	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 9/22/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 09/09/2026			

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

Date of Notification (1) <u>09</u> / <u>11</u> / <u>26</u>		Name of Building Owner/Operator (2) WFD Builders							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address P O Box 291							
		City, State, Zip Code Mantoloking, NJ 08738							
		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 119 Throssell Road		Square Feet 700	# of Floors 1						
City (5) Lavallette		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. 732-349-9932	License No. 00624						
Start Date (10) <u>09</u> / <u>29</u> / <u>26</u>	Scheduled Completion Date (11) <u>09</u> / <u>30</u> / <u>26</u>	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) 700 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-garage	☐	☒	☐	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 09/30/26	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/11/26			

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

Date of Notification (1) 09 / 11 / 26		Name of Building Owner/Operator (2) Shore Builders Group, LLC							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 287 W. 8 th Street							
		City, State, Zip Code Ship Bottom, 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 13 E Dune Lane									
City (5) LB Twp.	Square Feet 1600	# 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 / 23 / 26	Scheduled Completion Date (11) 09 / 25 / 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	1600 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 09/25/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/11/26			

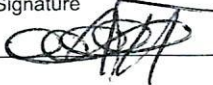
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 9/10/26		MS# 26-144		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		112 Severin Ct							
				City, State, Zip Code Cranford, NJ 07018							
				Name of Contact		Telephone Number					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)							
Street Address 112 Severin Ct				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cranford, NJ				Square Feet 1,000		# of Floors 2					
						Bldg. Age 70					
County (6) Union			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc						
Street Address				Street Address 20 California Ave							
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-345-8020		License No. 01169				
Start Date (10) 09/22/26		Scheduled Completion Date (11) 09/23/26		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		8 LF	X			
Name of Registered Waste Hauler D&S Restoration, Inc			NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1/4 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 09/10/2026			

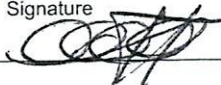
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 09/11/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 1307 13th st							
☒ EPA ☐ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	City, State, Zip Code North Bergen NJ 07047							
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1307 13th st		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) North Bergen		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) 09/25/2026	Scheduled Completion Date (11) 10/16/2026	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)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
INTERIOR		x		PIPE INSULATION	75 LF	x			
INTERIOR		x		PLASTER	520 SF				
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 09/11/2026			

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

RECEIVED

Date of Notification (1) 09/10/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 26 Crest View Hill Rd							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Livingston NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 26 Crest hill Rd		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Livingston		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)		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) 09/24/2026		Scheduled Completion Date (11) 10/13/2026							
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
EXTERIOR		X		TRANSITE	1800 SF	X			
Name of Registered Waste Hauler TRISTATE TRANSFER INC		NJDEP Waste Hauler ID No. 24-1129		Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES LLC				
City, State BRONX NY 10474				Disposal Date	City, State WAYNESBURG OH 44688				
Completed by Angel Penaherrera		Title Owner		Signature 			Date 09/10/2026		

State of New Jersey - Notification of Asbestos Abatement

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

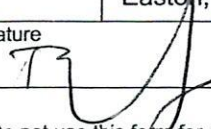
RECEIVED

Date of Notification (1) September 8, 2026		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey	
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP (No Longer Required) ☒ DOH		Notification Type ☒ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☐ Cancelled	
Street Address REHS 74 St 1603		City, State, Zip Code Piscataway NJ 08854	
Name of Contact Michael F. Smith		Telephone Number 848.445.2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) # 7253 - School of Dental Medicine		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS Newark Campus		Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 60 + years	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
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	
Scheduled Start Date (10) 9/18/2026		License Number 00840	
Scheduled Completion Date (11) 9/21/2026		Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours – 4pm-5am (24 Hours & weekends as needed) ☐ Describe Other – Describe:		Street Address 1056 Stelton Road	
Source of Work (Check all that apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260		City, State, Zip Code Piscataway, NJ 08854	
☒ 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) Room C774	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA ☒ YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 100 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: 5 CYD	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		Disposal Date 9/21/26	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072
Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860		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 September 8, 2026

GAC # 2026-060

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

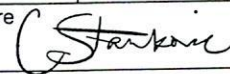
RECEIVED

Date of Notification (1) 9/12/26		Name of Building Owner/Operator (2) MAC Dance Enterprises							
Agencies Notified	Type Notification	Street Address 75 West Madison Ave							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Dumont, New Jersey 07628							
		Name of Contact Robert	Telephone Number 2016971978						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MAC Dance Enterprises property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 75 West Madison Ave		Square Feet 2000	# of Floors 2						
City (5) Dumont		Bldg. Age 65+							
County (6) Bergen	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							
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029						
Start Date (10) 9/22/26	Scheduled Completion Date (11) 9/25/26	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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	siding	800 sf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey			Disposal Date 9/25/26	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 9/12/26			

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

Date of Notification (1) 09/10/2026		Name of Building Owner/Operator (2) OV BUILDERS LLC		RECEIVED SEP 14 2026					
Agencies Notified	Type Notification	Street Address 100 Duxco Dr							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Parlin, NJ 08859		Telephone Number 908-413-4072					
		Name of Contact Omar Rodriguez		ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OV BUILDERS LLC			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 461 Fulton St			Square Feet 1536	# of Floors 2	Bldg. Age 1890				
City (5) Elizabeth			Current Use (Prior if being demolished) N/A						
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Abated						
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. #0209					
Start Date (10) 09/20/2026		Scheduled Completion Date (11) 10/01/2026		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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Flat Roof	100 SF	X			
Exterior			X	Siding	2,000 SF	X			
Name of Registered Waste Hauler Abated LLC		NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Hills PA (W-M)					
City, State Elizabeth NJ		Disposal Date 09/27/2026		City, State Monroeville PA					
Completed by Ryan J Passos		Title President	Signature 		Date 09/10/2026				

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

Date of Notification (1) September 1, 2026		Name of Building Owner/Operator (2) Richards Manufacturing		RECEIVED SEP 15 2026					
Agencies Notified		Type Notification		Street Address					
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		517 Lyons Ave					
				City, State, Zip Code Irvington NJ 07111					
		Name of Contact Mike Rivera		Telephone Number 908-688-7800					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Richards Manufacturing				Type of Facility (4)					
Street Address 160 Coit Street				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Irvington				Square Feet 4,800	# of Floors 2				
				Bldg. Age 1950					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) commercial					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		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 Mike Rivera		Telephone No. 908-688-7800		Telephone No. 973-570-2645	License No. 01334				
Start Date (10) 9/15/2026		Scheduled Completion Date (11) 10/15/2026		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One)				Street Address 54 Morgan Dr					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				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
1st and 2nd floor		X		floor tile	4,650 SF	X			
1st floor		X		pipe insulation	500 LF	X			
2nd floor		X		cove base mastic	45 SF	X			
1st and 2nd floor		X		decon contents	4,800 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste	Name of Registered Landfill Grand Central				
City, State Wayne NJ				Disposal Date	City, State Pen Agryl PA				
Completed by Corey Stankovic		Title CEO		Signature 		Date 9/1/2026			

Project ON Hold
as of 9/1/26

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

RECEIVED

Date of Notification (1) 08 / 17 / 26		Name of Building Owner/Operator (2) City of Paterson / Job #2607-3580 Chk. #N/A						
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 155 Market Street 4th Floor City, State, Zip Code Paterson NJ 07505 Name of Contact Jose Molina Telephone Number 973-321-1450						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) New Public Safety Dispatch Center		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 163-167 Paterson Avenue		Square Feet 31000	# of Floors 4					
City (5) Paterson		Bldg. Age 1940						
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) OMEGA Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 280 Huyler Street		Street Address 70 Stacy Haines Road Suite 4						
City, State, Zip Code South Hackensack NJ 07606		City, State, Zip Code Lumberton NJ 08048						
Project Manager for Monitoring Firm Anton Rezin	Telephone No. 201-489-8700	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 08 / 26 / 26	Scheduled Completion Date (11) 09 / 09 / 26	Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (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	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
Name of Registered Waste Hauler Asbestos and Mold Services Corp.		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Lumberton NJ			Disposal Date 09/09/2026	City, State Morrisville, PA 19067				
Completed By (Print or Type) Kaysi Gruner		Title Office Coordinator	Signature 		Date 9/1/26			

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

RECEIVED

Date of Notification (1) 9/4/2026		Name of Building Owner/Operator (2) SantaBella	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 1508 W Ave	
		City, State, Zip Code Phillipsburg, NJ 08865	
		Name of Contact Tony Arroyo	Telephone Number 201-923-1108

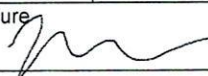
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Restaurant		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1508 W Ave		Square Feet unknown	# of Floors 2
City (5) Phillipsburg		Bldg. Age unknown	
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Restaurant	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC
Street Address		Street Address 30 Sherman Ave	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307	
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109
Start Date (10) 9/15/2026	Scheduled Completion Date (11) 9/16/2026	Name of OSHA Monitor David Cuevas	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 74 Franklin Ave	
		City, State, Zip Code East Orange, NJ 07017	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf	☐ 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	X		X	VAT	700 SF	x			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Conestoga Landfill	
City, State Elizabeth, NJ			Disposal Date	City, State Morgantown PA	
Completed by John Kim		Title President	Signature 	Date 9/4/2026	

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

Check # 4704
RECEIVED

Date of Notification (1) <u>9</u> / <u>8</u> / <u>26</u>		Name of Building Owner/Operator (2) New Jersey Dept of Transportation	
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 1035 Parkway Ave, E&O Building	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Ian Townshend and Karl Bevans	Telephone Number 609-963-1982

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rt 78 Bridges over Rt 202/206		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Rt 78 West Bound over Washington Valley Rd		Square Feet	# of Floors
City (5) Bedminster		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) Environmental Connections Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC
Street Address 120 North Warren St		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roland Jones	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 02121
Start Date (10) <u>9</u> / <u>18</u> / <u>26</u>	Scheduled Completion Date (11) <u>9</u> / <u>21</u> / <u>26</u>	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 | ☒ Renovation | ☐ Full Containment with Negative Pressure |
| ☐ ≥ 160 sf or ≥ 260 lf | ☐ Demolition | ☐ Mini-Enclosure |
| | | ☐ Glovebag Procedure |
| | | ☒ Non-Exempted (*) and Non-Friable Procedure |

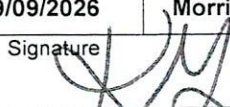
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Structure 1817-158	☐	☒	☐	Roof Cement	143 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ		Disposal Date		City, State Morgantown, PA 19543	
Completed By (Print or Type)	Title	Signature		Date	
		<i>Brian Leased</i>		9/8/26	

ASB-41
MAY 11 **BS22087**

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

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

Date of Notification (1) 07 / 21 / 26		Name of Building Owner/Operator (2) State of NJ Dept of Property Mgmt / Job #2607-3572 Chk. #4248							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation	Street Address 33 West State Street							
		City, State, Zip Code Trenton NJ 08625							
		Name of Contact Patrick Littleford	Telephone Number 609-940-9964						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center- Multiple Bldg		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Bennion Avenue/Route 72		Square Feet TBD	# of Floors TBD						
City (5) Woodland Township		Bldg. Age TBD							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Developmental Center							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 344 West State Street		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Trenton NJ 08618		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm William Weisgarber	Telephone No. 609-915-1140	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 09 / 09 / 26	Scheduled Completion Date (11) 09 / 09 / 26	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Admin Bldg	☐	☐	☒	Drill holes with HEPA-vac		☐	☐	☐	☐
	☐	☐	☐	attachments		☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Asbestos and Mold Services Corp.		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Lumberton NJ		Disposal Date 09/09/2026	City, State Morrisville, PA 19067						
Completed By (Print or Type) Kaysi Gruner	Title Office Coordinator	Signature 				Date 8/28/26			

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

Check # 4709

Date of Notification (1) 9 / 11 / 26		Name of Building Owner/Operator (2) Princeton University-Facilities Operations		RECEIVED					
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		SEP 15 2026					
		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									
City (5) Princeton				Square Feet	# of Floors 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.	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) 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
Lab A404	☐	☒	☐	Fume Hood Transite Panels	50 SF	☒	☐	☐	☐
Lab A404	☐	☒	☐	Duct 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 9/11/26			

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

Check # 4708

Date of Notification (1) 9 / 11 / 26			Name of Building Owner/Operator (2) Verizon			
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Pete Lesniak		
				Telephone Number 215-640-2520		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Verizon Paulsboro CO Street Address 220 W Broad St.				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)		
City (5) Paulsboro				Square Feet 12967	# of Floors 2	
County (6) Gloucester				Bldg. Age 50+		
County Code (7) (STATE USE ONLY) Gloucester		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmnetal Solutions LLC			ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 24 Veterans Square			Street Address 1123 BEAVER STREET			
City, State, Zip Code Media, PA 19063			City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 267-865-0031		Telephone No. 215-788-6040		
				License No. 02121		
Start Date (10) 9 / 21 / 26		Scheduled Completion Date (11) 9 / 22 / 26		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC		
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM				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)	
	Yes	No	N/A			
Basement mechanical room	☐	☒	☒	HVAC insulation	9 SF	
	☐	☒	☐			
	☐	☐	☐			
	☐	☐	☐			
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ			Disposal Date		City, State Morgantown, PA	
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		
				Date 9/11/26		

ASB-41
MAY 11 13526043

* 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)

B & G Project # 2026-148

Check # 13878

Date of Notification (1) 09/11/2026		Name of Building Owner/Operator (2) Howell Township Public School		RECEIVED SEP 15 2026					
Agencies Notified ☐ EPA ☒ DEP ☐ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 67 Windeler Road City, State, Zip Code Howell, NJ 07731 Name of Contact Kurt Grimes Telephone Number 732-413-5054 x 4104					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ramtown Elementary School (NON Sub 8) Street Address 216 Ramtown Road City (5) Howell Township, NJ 07731				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 (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) educational (NON Sub 8)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.					
Street Address		Street Address 1234 Route 23							
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-696-6869 License No. 00378					
Start Date (10) 09/21/2026 @ 7:00 am		Scheduled Completion Date (11) 09/22/2026		Name of OSHA Monitor B & G Restoration, Inc.					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior Courtyard			X	soffit plaster	30 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste ½ yard		Name of Registered Landfill Grand Central Landfill			
City, State Butler, NJ				Disposal Date 09/22/2026		City, State Pen Argyl, PA			
Completed by Gordana Luna			Title Secretary / Treasurer		Signature Gordana Luna			Date 09/11/2026	

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

Check # 4706

Date of Notification (1) 9 / 9 / 26		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Peter Lesniak (Owners Rep)	Telephone Number 267-634-1010						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Erskine Lakes Central Office		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2 Cupsaw Drive		Square Feet +20,000	# of Floors 2						
City (5) Ringwood		Bldg. Age +50							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental Solutions LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media PA19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 609-304-3969	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) 9 / 28 / 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: _____ AM - _____ PM / 5PM-1AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☒ 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 Staircase Landing	☐	☐	☒	VAT & Mastic	45 SF	☒	☐	☐	☐
Basement Storage Room	☐	☐	☒	VAT & Mastic	72 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill				
City, State Freehold NJ		Disposal Date TBD		City, State Morgantown, PA					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dellan DeCaro</i>			Date 9/9/26		

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

RECEIVED

Date of Notification (1) September 15, 2026		Name of Building Owner/Operator (2) Colgate Palmolive		SEP 17 2026					
Agencies Notified	Type Notification	Street Address 909 River Road							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Piscataway, NJ 08855							
		Name of Contact Nick Spoto		Telephone Number 732-498-3483					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colgate Palmolive			Type of Facility (4)						
Street Address 909 River Road			☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Piscataway			Square Feet 300,000	# of Floors 2	Bldg. Age 60				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Industrial					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Technicians		ASCM No. _____		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 441 E High Street, #25			Street Address 303 B National Road						
City, State, Zip Code Philadelphia, PA 19144			City, State, Zip Code Exton, PA 19341						
Project Manager for Monitoring Firm Norm Harrison		Telephone No. 215-200-9400		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) September 25, 2026		Scheduled Completion Date (11) September 26, 2026		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)			Street Address 200 Route 130 North						
☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____			City, State, Zip Code Cinnaminson, NJ						
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
D Wing Room 222		X		Lab Hood Liner	100 SF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Trenton, NJ				Disposal Date TBD		City, State Morrisville, PA			
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 9/15/26		

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

B & G Project # 2026-119

Check # 13882

Date of Notification (1) 09/14/2026		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified	Type Notification	Street Address Elm Drive, Facilities Procurement Office, EA MacMillan Bldg.							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Princeton, NJ 08543							
		Name of Contact Eric Emery, PE	Telephone Number 609-258-3432						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University - Moffet Laboratory -Non Friable Removal		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Washington Road		Square Feet	# of Floors						
City (5) Princeton, NJ		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational - Non Friable Removal							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address 515 Grove St.		Street Address 1234 Route 23							
City, State, Zip Code Haddon Heights, NJ 0803		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm Richard Egner		Telephone No. 856-547-0505	Telephone No. 973-696-6869						
Start Date (10) 09-24-2026		Scheduled Completion Date (11) 09-25-2026	License No. 00378						
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 B & G Restoration, Inc.							
		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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stairwell # 3STR1		X		Floor Tile and Mastic	50 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 09-26-2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>				Date 09/14/2026	

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

4401993

Date of Notification (1) 07 / 31 / 26		Name of Building Owner/Operator (2) Archway Programs / Job #2606-3561		Chk. #4242
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 280 Jackson Road		
		City, State, Zip Code Atco NJ 08004		
		Name of Contact Elvin Rodriguez		Telephone Number 856-375-1600

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AUG 21 2026

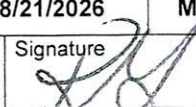
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Archway Programs Northfield		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2100 Oak Avenue			
City (5) Northfield	Square Feet 17000	# of Floors 1	Bldg. Age 57
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4	
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048	
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	License No. 00862
Start Date (10) 08 / 10 / 26	Scheduled Completion Date (11) 08 / 21 / 26	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf	☒ 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	Enclose
10 Classrooms	☐	☐	☒	Floor Tile and Mastic	140 SF	☒	☐	☐	☐
Classroom Closets	☐	☐	☒	Adhesive with Closet Brackets	40 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Asbestos and Mold Services Corp.		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill	
City, State Lumberton NJ		Disposal Date 08/21/2026		City, State Morrisville, PA 19067	
Completed By (Print or Type) Kaysi Gruner	Title Office Coordinator	Signature 		Date 7/31/26	

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

Print Form

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Date of Notification (1) 09-08-26		Name of Building Owner/Operator (2) Brogmag Contracting						
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 8 Dock Rd.						
		City, State, Zip Code Rockaway, NJ 07866						
		Name of Contact Tommy Catanzaro	Telephone Number (973) 445-7276					
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 41 Slater Dr.		Square Feet						
City (5) Elmwood Park		# of Floors 3	Bldg. Age					
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial and logistical Use						
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) 09-18-26	Scheduled Completion Date (11) 10-30-26	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
1st, 2nd and 3rd Floor		X		VAT	47,025 SF	X		
1st, 2nd and 3rd Floor		X		Joint Compound	17,000 SF	X		
Roof		X		Roofing Materials	9,600 SF	X		
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 100	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ		Disposal Date 10-05-26		City, State Tullytown PA				
Completed by Jaime Delgado		Title Proj. Manager.	Signature <i>Jaime Delgado</i>		Date 09-08-26			

12023
9-14-26

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

Check # 12017
RECEIVED 12023
2 work Areas

Date of Notification (1) AUG 29, 2026		Name of Building Owner/Operator (2) QUALITY PHILLY STEAKS						
Agencies Notified	Type Notification	Street Address 210 PARK DRIVE						
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	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	# of Floors 1					
City (5) VOORHEES, NJ 08043		Bldg. Age 65+-						
County (6) CAMDEN	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						
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) 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
ROOF TOP	XXX		ROOFING TAR FLASHING	1400 SF	XX			
INTERIOR FRONT SECTION		XXX	12X12 FLOOR TILES	450 SF	XX			
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 		Date 08/29/26			

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) Transcontinental Gas Pipe Line			Job # 2609-6626 Check#18146						
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			SEP - 8 2026 ASBESTOS CONTROL & LICENSING					
				Name of Contact Kevin Schmidt		Telephone Number 610-755-8956						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #58570, 57940, 57610						Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address Across from 172 Southern Blvd.												
City (5) Chatham Twp., NJ						Square Feet		# of Floors	Bldg. Age			
County (6) Morris			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 / 11 / 26		Scheduled Completion Date (11) 9 / 15 / 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 #58570 Dig		☐	☐	☒	Coal Tar Wrap- 36" Line		10 LF		☒	☐	☐	☐
Exterior #57940 Dig		☐	☐	☒	Coal Tar Wrap- 36" Line		10 LF		☒	☐	☐	☐
Exterior #57610 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 9/15/26		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti			Title Operations Coordinator			Signature 			Date 9-1-26			

4699

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

4406003

check # 4699

Date of Notification (1) 8/25/26		Name of Building Owner / Operator (2) Kettle Run Investments, LP	
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation	Street Address Po Box 368 City, State & Zip Code West Berlin, NJ 08091 Name of Contact Linda Samoost	
		Telephone Number 856-768-8850	

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AUG 27 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Black Run Headwaters Hunting Cabin			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Kettle Run Road			Square Feet 950	# of Floors 1	Bldg. Age 60+
City (5) Evesham	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Hunting Cabin		
Name of Monitoring Firm Hired by Building Owner (8) Acer Associates, LLC		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC		
Street Address 1012 Industrial Drive			Street Address 1123 Beaver Street		
City, State & Zip Code West Berlin, NJ 08091			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Matt DePalma		Telephone Number 856-889-1736	Telephone Number (215)788-6040	License Number 02121	
Scheduled Start Date (10) 9/9/26		Scheduled Completion Date (11) 9/10/26		Name of OSHA Monitor Bristol Environmental LLC	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: ☐ Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

- ☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Roof	☐	☒	☐	Roofing	675 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3 Cu Yd	Name of Registered Landfill Conestoga Landfill
City, State Freehold, NJ		Disposal Date 9/10/26	City, State Morgantown, PA
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>
			Date 8/25/26

6126137

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

4406075

Date of Notification (1) 8-30-2026		Name of Building Owner/Operator (2) Religious Teachers Filippini		RECEIVED					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 376 W Upper Ferry Road City, State, Zip Code Ewing, NJ 08628 Name of Contact Eric Carroll Telephone Number 609-209-3111					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cottage/ Theater			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 376 W Upper Ferry			Square Feet 1200						
City (5) Ewing, NJ 08628			# of Floors 2		Bldg. Age 65+				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental Services					
Street Address		Street Address 235 Virginia Avenue		City, State, Zip Code Jersey City, NJ 07304					
City, State, Zip Code		Telephone No. 201-333-8855		License No. 01174					
Start Date (10) 8-31-2026		Scheduled Completion Date (11) 8-31-2026		Name of OSHA Monitor Green Environmental Services					
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 0734						
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 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
2nd Floor		X		Window Caulking	40 LF	X			
Cellar		X		Furnace Flue	3 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Jersey City, NJ				Disposal Date 8-31-2026	City, State Morrisville PA				
Completed by Liliana Serrano		Title Office Assistant		Signature Liliana Serrano			Date 8-30-2026		

12024

4406210

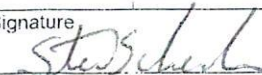
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Print Form

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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) 9/15/26		Name of Building Owner/Operator (2) BREANNA BOGAN							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation							
Street Address 28 EAST YOUNG STREET		City, State, Zip Code SOMERVILLE, NJ 08876							
Name of Contact BREANNA BORGAN		Telephone Number 908-566-8825							
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 28 EAST YOUNG STREET		Squares Feet 2							
City (5) SOMERVILLE, NJ 08876		# of Floors 2							
County (6) SOMERSET		Bldg. Age 65+-							
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							
Street Address P.O. BOX 337		Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC							
City, State, Zip Code NEW EGYPT, NJ 08533		Street Address P.O. BOX 337							
Project Manager for Monitoring Firm STEVE SCHENKER		City, State, Zip Code NEW EGYPT, NJ 08533							
Telephone No. 609-744-6384		Telephone No. 609-744-6384							
License No. 00394		Name of OSHA Monitor EPC TECHNOLOGIES							
Start Date (10) 9/22/26 9-24-26		Scheduled Completion Date (11) 9/22/26 9-25-26							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		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	XXX			PAPER WRAP TSI	100 LF	☒			
Name of Registered Waste Hauler EPC TECHNOLOGIES INC		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 1		Name of Registered Landfill FAIRLESS LANDFILL			
City, State NEW EGYPT, NJ 08533		Disposal Date 9/25/26		City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT		Signature 		Date 9/15/25			

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

B & G Project # 2026-154

Check # **13880**

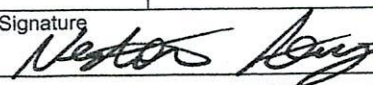
Date of Notification (1) 09/11/2026		Name of Building Owner/Operator (2) Hackensack Meridian Health							
Agencies Notified	Type Notification	Street Address 343 Thornall Street, 8th floor							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Edison, New Jersey 08837							
		Name of Contact Karen Palatella	Telephone Number 201-321-8673						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mountainside Medical Center (NON Sub 8)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Bay Avenue		Square Feet 50,000+	# of Floors 4						
City (5) Montclair, NJ 07042		Bldg. Age 75+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address		Street Address 1234 Route 23							
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378						
Start Date (10) 09/21/2026	Scheduled Completion Date (11) 10/31/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>occupied</u>		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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground floor medical records rm,			X	VAT & mastic	7,404 SF	X			
file room, EMS room, hallway 2,									
MHS1, MHS2, MHS3, MHS7,									
MHS8, MHS9, MHS10									
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 75	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 09/21/26 - 10/31/26		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>			Date 09/11/2026			

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

Date of Notification (1) 8/20/2026		Name of Building Owner/Operator (2) Matt DeAnna – Borough of Mountainside							
Agencies Notified	Type Notification	Street Address 1 Constitution Plaza,							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Mountainside NJ 07092							
		Name of Contact Matt DeAnna	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mountainside Public Library,		Type of Facility (4)							
Street Address 1 Constitution Plaza,		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mountainside	Square Feet	# of Floors	Bldg. Age						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No. 00158	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address 2333 Route 22 West,		Street Address 105 Van Riper Avenue							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm Elaine Maties		Telephone No. 908-206-0073	Telephone No. 201/899/9008 License No. 01336						
Start Date (10) 9/5/2026	Scheduled Completion Date (11) 9/14/2026	Name of OSHA Monitor MKD Property Maintenance LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 105 Van Riper Ave							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		City, State, Zip Code Clifton NJ 07011							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 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 Roof		X		Black Based Flashing	240 LF	x			
Exterior Roof- Around Perimeter		X		Black Roofing	240 LF	x			
Exterior- Roof Windows		X		White Caulking / Putties	416 LF	x			
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No. 003791	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless Landfill					
City, State Clifton NJ 07011		Disposal Date N/A		City, State Morrisville PA 19067					
Completed by Darko Raloski		Title Owner		Signature 		Date 8/20/2026			

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) Dmnk Construction Inc							
Agencies Notified	Type Notification	Street Address 66 Primrose Ln Unit A							
☐ EPA ☒ DEP ☐ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Paramus, New Jersey 07652							
		Name of Contact Zeki Yildiz	Telephone Number (347) 309-8269						
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 130-134 Sussex Street		Square Feet 37,200 sq ft	# of Floors 3-story						
City (5) Hackensack		Bldg. Age 1907							
County (6) Bergen County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting						
Street Address		Street Address 54 Hedden Terrace							
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031							
Project Manager for Monitoring Firm		Telephone No. (201) 790-4530	License No. 02047						
Start Date (10) 09/14/2026	Scheduled Completion Date (11) 09/18/2026	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	Enclosure
Exterior - Roof			X	Black Built-Up Roofing	1,800 SF	X			
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 3 CY	Name of Registered Landfill Chrin Bro Landfill					
City, State North Arlington, New Jersey			Disposal Date TBD	City, State Easton, PA					
Completed by Nestor M. Alvez		Title Project Manager		Signature 		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) 08/27/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 6 Webster Ave							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Kearny, NJ 07032							
		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 6 Webster Ave		Square Feet 1,972 sq ft	# of Floors 2 Stories						
City (5) Kearny		Bldg. Age 1945							
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting						
Street Address		Street Address 54 Hedden Terrace							
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031							
Project Manager for Monitoring Firm		Telephone No. (201) 790-4530	License No. 02047						
Start Date (10) 09/05/2026	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 ☐ ≥160 sf or ≥260 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	Asbestos Vermiculite	100 SF	X			
Basement			X	Thermal System Insulation	30 LF	X			
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 3 CY	Name of Registered Landfill Chrin Bro Landfill					
City, State North Arlington, New Jersey			Disposal Date TBD	City, State Easton, PA					
Completed by Nestor M. Alvez		Title Project Manager	Signature <i>Nestor Alvez</i>			Date 08/27/2026			

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

RECEIVED

Date of Notification (1) 08/31/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 1 Horizon Rd							
		City, State, Zip Code Fort Lee, New Jersey 07024							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment Building - Apt 626		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Horizon Rd - Apt 626		Square Feet 496,115 sq ft	# of Floors 15 Stories						
City (5) Fort Lee		Bldg. Age 1965							
County (6) Bergen County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting						
Street Address		Street Address 54 Hedden Terrace							
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031							
Project Manager for Monitoring Firm		Telephone No. (201) 790-4530	License No. 02047						
Start Date (10) 09/10/2026	Scheduled Completion Date (11) 09/11/2026	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	Enclosure
Floor Glue			X	Floor Tile Glue	700 SF	X			
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 3 CY	Name of Registered Landfill Chrin Bro Landfill					
City, State North Arlington, New Jersey			Disposal Date TBD	City, State Easton, PA					
Completed by Nestor M. Alvez		Title Project Manager		Signature <i>Nestor Alvez</i>			Date 08/31/2026		

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

RECEIVED
SEP 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09-03-2026		Name of Building Owner / Operator (2)					
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation	Street Address 6 E Narberth Terrace City, State & Zip Code Collingswood, NJ 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 6 E Narberth Terrace		Square Feet 1,592	# of Floors 2 + Basement				
City (5) Collingswood	County (6) Camden	Bldg. Age 99					
County Code (7)		Current Use (Prior if being demolished) Residential Home					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.					
Street Address P.O. Box 365		Name of Abatement Contractor (9) Resource Management Group, LLC.					
City, State & Zip Code Berlin, NJ 08009		Street Address 2115 Hamilton Avenue, Suite 202					
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-839-2432	License Number 01185				
Scheduled Start Date (10) 09-17-2026	Scheduled Completion Date (11) 09-25-2026	Name of OSHA Monitor J&S Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed During Normal Hours Describe: 8:30am to 4:30pm ☐ Facility Occupied During Abatement		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 ≥260 lf		☒ Renovation ☐ Demolition					
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
Upstairs Bedroom	☐ ☐ ☒	Plaster Ceiling	190	☒	☐	☐	☐
Downstairs Office	☐ ☐ ☒	Plaster Ceiling	100	☒	☐	☐	☐
	☐ ☐ ☐			☐	☐	☐	☐
	☐ ☐ ☐			☐	☐	☐	☐
	☐ ☐ ☐			☐	☐	☐	☐
Name of Registered Waste Hauler Resource Management Group, LLC.		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill			
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>		Date 09-03-2026		

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

RECEIVED

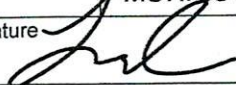
Date of Notification (1) 08/31/2026		Name of Building Owner/Operator (2) SEP 4 2026	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 72 SUMMIT AVE	
		City, State, Zip Code MONTVALE, NJ 07645	
		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 145-149 3RD ST		Square Feet 2500	# of Floors 2
City (5) NEWARK		Bldg. Age +50	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC
Street Address		Street Address 24 LINCOLN AVE W	
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016	
Project Manager for Monitoring Firm		Telephone No. 7325133487	License No. 02113
Start Date (10) 09/10/2026	Scheduled Completion Date (11) 09/12/2026	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	☒ 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
INTERIOR		X		PLASTER	100SF	X			
BASEMENT		X		PIPE INSULATION	15LF	X			

Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill United States	
City, State 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date		City, State MORRISVILLE, PA	
Completed by JENNIFER GOMES		Title PRESIDENT	Signature 	Date 08/31/2026	

5072

PAID

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

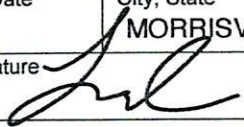
Project # _____

Check # 5972

Date of Notification (1) 08/31/2026		Name of Building Owner/Operator (2) Montville School District							
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 86 River Rd							
		City, State, Zip Code Montville, 07405							
		Name of Contact Steve Toth							
		Telephone Number 973-331 7100							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 123 Changebridge Rd									
City (5) Montville NJ		Square Feet	# of Floors						
County (6) Morris		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) 09/11/2026		Scheduled Completion Date (11) 09/14/2026							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: 4 pm		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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building exterior		X		caulking	78 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste-Hauler ID No. 0033782	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 08/31/2026		

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 ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 110 CENTRAL AVE							
		City, State, Zip Code CALDWELL, NJ 07006							
		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 922 ADAMS ST		Square Feet 2500	# of Floors 2						
City (5) ELIZABETH		Bldg. Age +50							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC						
Street Address		Street Address 24 LINCOLN AVE W							
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016							
Project Manager for Monitoring Firm		Telephone No. 7325133487	License No. 02113						
Start Date (10) 09/13/2026	Scheduled Completion Date (11) 09/15/2026	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
INTERIOR BEDROOMS		X		PLASTER	700SF	X			
INTERIOR		X		HALL	600SF	X			
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill United States					
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date	City, State MORRISVILLE, PA					
Completed by JENNIFER GOMES		Title PRESIDENT	Signature 	Date 09/04/2026					

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CK# 6458

PAID

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

SEP 8 2026

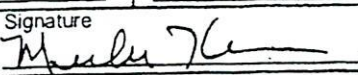
Date of Notification (1) 9-2-26		Name of Building Owner/Operator (2) REUTER CONSTRUCTION	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	
Street Address 459 N. BEECHAM RD		City, State, Zip Code WILLIAMSTOWN NJ 08094	
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 4833 HAVEN AVE		Square Feet 1500	# of Floors 2
City (5) OCEAN CITY		Bldg Age 50+	
County (6) CAPE MAY		County Code (7) / STATE USE ONLY VACANT	
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) 9-12-26		License No # 01371	
Scheduled Completion Date (11) 9-22-26		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 ☒ ≥160 sf or ≥260 ft ☐ Renovation ☒ Demolition		City, State, Zip Code	
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) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 2600 SF	
Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	
City, State MAPLE SHADE N.J		Cubic Yards of Waste 9	
Disposal Date		Name of Registered Landfill CHECMUM	
Signature Michael Klemm		City, State WOODBINE NJ	
Completed By Michael Klemm		Title PRES	
Date 9-2-26			

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CIC4 6458

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

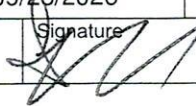
PAID

RECEIVED

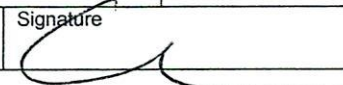
Date of Notification (1) 9-2-26		Name of Building Owner/Operator (2) HALLIDAY & LEONARD	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address 700 HAVEN AVE
			City, State, Zip Code OCEAN CITY N.J 08726
			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 5645 ASBURY AVE		Square Feet # of Floors Bldg. Age	
City (5) OCEAN CITY		Current Use (Prior if being demolished)	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address		Street Address 369 S SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 01371
Start Date (10) 9-13-26	Scheduled Completion Date (11) 9-23-26	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address City, State, Zip Code	
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
SIDING	X		TRANSITE
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Name of Registered Landfill C MEMUA
City, State MAPLE SHADE N.J 08053		Disposal Date	City, State WOODBINE NJ
Completed By MIKE KLEMM	Title PRESIDENT	Signature 	Date 9-2-26

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 2026							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 357 Alan Drive						
			City, State, Zip Code Paramus, NJ 07652						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 357 Alan Drive		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paramus	Square Feet 2,052	# of Floors 2	Bldg. Age 66						
County (6) Bergen	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	License No. 00842						
Start Date (10) 09/21/2026	Scheduled Completion Date (11) 09/25/2026	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 Den/Living Room			X	Floor Tile & Mastic	310 SF	X			
Lower-Level Hallway/Stairwell Landing			X	Floor Tile & Mastic	20 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 09/25/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 09/03/2026			

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

Date of Notification (1) 9/3/26		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	14 Arnold Blvd							
		City, State, Zip Code							
		High Bar Harbor NJ 08008							
		Name of Contact	Telephone Number						
		ASBESTOS	LICENSING						
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.)							
14 Arnold Blvd									
City (5)		Square Feet	# of Floors						
High Bar Harbor NJ 08008		1000+	1						
		Bldg. Age							
		50+							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Ocean		House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
N/A			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.	License No.						
		856-753-9800	00727						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
9/21/26	9/25/26	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 ☒ 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 Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Pernaco Inc		21787	3	Fairless Hills					
City, State		Disposal Date		City, State					
Berlin NJ		9/25/26		Morrisville PA 19067					
Completed by		Title	Signature			Date			
Anthony T Perna		President				9/3/26			

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

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Date of Notification (1) 9/3/26		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 318 Delaware Ave							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Beach Haven NJ 08008							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 318 Delaware Ave		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Beach Haven NJ 08008		Square Feet 1200+	# of Floors 2						
County (6) Ocean		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Home							
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) 9/21/26	Scheduled Completion Date (11) 9/25/26	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									
☐ 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 Siding			x	Exterior Siding	3500 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 9/25/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/3/26		

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) SEP 8 2026							
Agencies Notified	Type Notification	Street Address 48 Berkshire Lane							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Willingboro, NJ, 08046							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 48 Berkshire Lane		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Willingboro, NJ, 08046		Square Feet 1200+	# of Floors 1 Bldg. Age 50+						
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Home							
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) 9/14/26	Scheduled Completion Date (11) 9/17/26	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
Living/Dining Room & Hallway			X	9x9 Tiles	538 SF	X			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills					
City, State Berlin NJ		Disposal Date 9/18/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/3/26		

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 1249 Washington St							
		City, State, Zip Code Cape May, NJ, 08204							
		Name of Contact							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1249 Washington St		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cape May, NJ, 08204		Square Feet 2000+	# of Floors 3						
County (6) Cape May		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/16/26	Scheduled Completion Date (11) 9/21/26	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 <i>partial Demolition on Rear of Home</i> ☐ 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 Siding			x	Exterior Siding	3200 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill Cape May County Land Fill					
City, State Berlin, NJ		Disposal Date 9/22/26		City, State Woodbine, NJ					
Completed by Anthony T Perna		Title President		Signature		Date 9/3/26			

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

RECEIVED
Checks #

Date of Notification (1) September 4, 2026		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification EMERGENCY ☒ Initial ☐ Amended Amendment # <u>1</u> ☐ Cancellation	Street Address One Lincoln Center, Suite 300 City, State & Zip Code Syracuse NY 13202 Name of Contact Thomas Ashman	
		Telephone Number 516 972 8809	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, home, etc.)	
Street Address 21 Park Place		Square Feet 2000	# of Floors 1
City (5) Englewood		Bldg. Age 50	
County (6) Bergen		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.	
Street Address 27-01 Queens Plaza North, Suite 800		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Long Island City, NY 11101		Street Address 1432 Route 539	
Project Manager for Monitoring Firm Troy Ray		Telephone Number 631-338-4944	License Number 00817
Scheduled Start Date (10) September 8, 2026	Scheduled Completion Date (11) September 22, 2026		
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours ☐ Other - Describe: ☐ Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 1432 Route 539	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 50 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Break Room			x	ACM glue daubs	15 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date September 22, 2026		City, State Morrisville, PA	
Completed By Erica Vanarelli		Title Finance/Office Executive	Signature <i>Erica Vanarelli</i>	Date September 4, 2026	

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

SEP 14 2026

Date of Notification (1) 09/09/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 275 Stanley Place City, State, Zip Code Hackensack, NJ 07601 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 275 Stanley Place		Square Foot 1,200							
City (5) Hackensack		# of Floors 2	Bldg. Age 55+						
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) 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) 09/12/2026		Scheduled Completion Date (11) 09/12/2026	Name of OSHA Monitor Envirovision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7am-3:30pm		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 ☒ 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		TSI	10 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill				
City, State Bloomfield, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Blazhe Grozdanov		Title Project Manager			Signature 6r			Date 9/09/2026	

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

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SEP 4 2026

Date of Notification (1) 08/29/2026		Name of Building Owner/Operator (2) Town of Newton							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation							
Street Address 39 Trinity Street		City, State, Zip Code Newton NJ 07860							
Name of Facility Where Abatement is Taking Place (3) Sussex County Library- Dennis Branch		Telephone Number 973-646-8507							
Street Address 101 Main St		Name of Contact Aleksandar Apostolovski							
City (5) Newton NJ 07860		FACILITY INFORMATION Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
County (6) Sussex		Square Feet N/A	# of Floors N/A						
County Code (7) (STATE USE ONLY)		Bldg. Age N/A							
Name of Monitoring Firm Hired by Building Owner (8) ABS Enviromental Group		Current Use (Prior if being demolished) Library							
Street Address PO BOX 483		Name of Abatement Contractor (9) Teal Management							
City, State, Zip Code Glenwood NJ 07418		Street Address 24 Morley Drive							
Project Manager for Monitoring Firm A.Scott Higgins		City, State, Zip Code Woodland Park NJ 07424							
Start Date (10) 09/09/2026		Telephone No. 862-243-1471	License No. 02063						
Scheduled Completion Date (11) 10/15/2026		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: WRUP&CUT		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							
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	elbow insulation(wrup&cut)	60 LF	X			
Basement			x	pipe insulation(wrup&cut)	680 LF	x			
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 20 CY	Name of Registered Landfill Failess Landfill					
City, State Woodland Park NJ 07424		Disposal Date 10/15/2026	City, State Morrisville PA			Date 08/29/2026			
Completed by Tome Maslarkov		Title Project Manager		Signature 					

* 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) 09/08/2026		Name of Building Owner/Operator (2) SEP 15 2026							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 11 Gulf Rd							
		City, State, Zip Code East Brunswick, NJ 08816							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 Gulf Rd		Square Feet 1,824	# of Floors 2						
City (5) East Brunswick, NJ 08816		Bldg. Age 1956							
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) 09/09/2026	Scheduled Completion Date (11) 09/15/2026	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 ☒ 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		x		Floor tile	430 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 09/15/2026	City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 09/08/2026			

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

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Date of Notification (1) 09/08/2026		Name of Building Owner/Operator (2) SEP 15 2026							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 31 Lefferts Ln City, State, Zip Code Clark, NJ 07066						
			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 31 Lefferts Ln		Square Feet 1,493	# of Floors 2						
City (5) Clark, NJ 07066		Bldg. Age 1952							
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
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) 09/09/2026		Scheduled Completion Date (11) 09/14/2026							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry room		X		Floor tile & mastic	98 SF	X			
TV room		X		Floor tile & mastic	25 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 09/14/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 09/08/2026			

3924

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

Check 3924

SEP 15 2026

Print Form

Date of Notification (1) 09/07/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address 63 Canterbury Dr City, State, Zip Code Scotch Plains, NJ 07076 Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 63 Canterbury Dr				Square Feet 2,152					
City (5) Scotch Plains, NJ 07076				# of Floors 2					
County (6) Union				Bldg. Age 1968					
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.		License No. 02126					
Start Date (10) 09/16/2026		Scheduled Completion Date (11) 09/23/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 fl family rm, hallway, closet		x		Floor tile & mastic	236 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ				Disposal Date 09/23/2026	City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 09/07/2026			

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

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Date of Notification (1) 09/04/2026		Name of Building Owner/Operator (2) SEP 15 2026							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 9 Regent Ct City, State, Zip Code Willingboro, NJ 08046 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 9 Regent Ct		Square Feet 1,305	# of Floors 1						
City (5) Willingboro, NJ 08046		Bldg. Age 1949							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 09/14/2026	Scheduled Completion Date (11) 09/21/2026	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	Enclosure
Basement		x		floor tile, mastic and hardwood	350 SF	x			
Basement		x		vinyl tile	18 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 09/21/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>			Date 09/04/2026		

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

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Date of Notification (1) 09/04/2026		Name of Building Owner/Operator (2) Gene White		SEP 15 2026					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 2 NJ-183 City, State, Zip Code Netcong, NJ 07857 Name of Contact Gene White Telephone Number 973-476-4799					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stanhope United Methodist Church			Type of Facility (4)						
Street Address 2 NJ-183			☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Netcong, NJ 07857			Square Feet TBD	# of Floors 1	Bldg. Age 1920				
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.	Telephone No. 201-466-0166	License No. 02126					
Start Date (10) 09/14/2026		Scheduled Completion Date (11) 09/21/2026		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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway		x		Floor tile & mastic	1,300 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ				Disposal Date 09/21/2026	City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 09/04/2026			

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

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Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 239 New St							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Lyndhurst, NJ 07071							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address 239 New St		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lyndhurst, NJ 07071		Square Feet 1,579	# of Floors 2						
County (6) Bergen		Bldg. Age 1955							
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) 09/12/2026	Scheduled Completion Date (11) 09/19/2026	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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	525 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 09/19/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 09/03/2026			

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

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Date of Notification (1) 08/31/2026		Name of Building Owner/Operator (2) SEP 15 2026							
Agencies Notified	Type Notification	Street Address 275 Nagle St							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Bound Brook, NJ 08805							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address 275 Nagle St		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bound Brook, NJ 08805		Square Feet 2,037	# of Floors 1						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Bldg. Age 1951						
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.	License No.						
		201-466-0166	02126						
Start Date (10) 09/03/2026	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 ☒ 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		drywall and asbestos joint tape	160 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 09/09/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 08/31/2026			

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

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Date of Notification (1) 08/31/2026		Name of Building Owner/Operator (2) Roosevelt Public Schools							
Agencies Notified	Type Notification	Street Address 2 School Lane							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Roosevelt, NJ 08555							
		Name of Contact Karen Barry	Telephone Number 609-448-2798						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Roosevelt Elementary School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 School Lane		Square Feet 40,000	# of Floors 3						
City (5) Roosevelt		Bldg. Age 75							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	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: <u>Work being performed on the exterior of the building</u>		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
Exterior Roof		X		Paper Vapor Barrier	95 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 09/08/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 			Date 08/31/2026		

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

RECEIVED

Date of Notification (1) 8/18/26		Name of Building Owner/Operator (2) Kingsbury West Preservation LLC							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 2 PARK AVE, FLOOR 23 City, State, Zip Code NY NY 10016 Name of Contact ELI WISE Telephone Number 607-434-8528						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) KINGSBURY TOWERS		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 107 MARKET ST		Square Feet 60,000 SF							
City (5) TRENTON NJ 08608		# of Floors 1	Bldg. Age 1970						
County (6) MERCER		Current Use (Prior if being demolished) GARAGE - PARKING							
Name of Monitoring Firm Hired by Building Owner (8) MAE CONSULTANS		ASCM No. 75768	Name of Abatement Contractor (9) Meridian Construction Group						
Street Address 99 Madison Avenue, Suite 615		Street Address 15404 11th Ave							
City, State, Zip Code New York, NY, 10016		City, State, Zip Code whitestone NY 11357-1917							
Project Manager for Monitoring Firm Mohymen Elzaky		Telephone No. 347 596 2427	License No. 02061						
Start Date (10) 09-19-25	Scheduled Completion Date (11) 09-18-2026		Name of OSHA Monitor Meridian Construction Group						
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 15404 11th Ave							
		City, State, Zip Code whitestone NY 11357-1917							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 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
GARAGE ROOF		X		ROOF MEMBRANE	50,500 SF	X			
Storage room		X		VAT Floor tile and Mastic	1150 SF	X			
Name of Registered Waste Hauler CENTURY WASTE SERVICES LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State 623 Dowd Avenue Elizabeth, New Jersey 07201			Disposal Date 10-30-25	City, State Pen Argyl, pa					
Completed by GUILLERMO ORTEGA		Title Proj. Manager.	Signature GUILLERMO ORTEGA			Date 8-18-26			

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

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Date of Notification (1) 08/28/2026		Name of Building Owner/Operator (2) NJ Department of Human Services		SEP 2 2026					
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 222 South Warren Street						
			City, State, Zip Code Trenton, NJ 08625						
		Name of Contact Michael Ridofino		Telephone Number 609-947-6431					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hunterdon Developmental Center - Cottage 17				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 40 Pittstown Road				Square Feet 100,000					
City (5) Clinton				# of Floors 2					
County (6) Hunterdon				Bldg. Age 67					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Developmental Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 120 North Warren Street			Street Address 623 Cutler Avenue						
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200		License No. 00842					
Start Date (10) 09/08/2026		Scheduled Completion Date (11) 09/11/2026		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: <u>Abatement performed in vacated areas</u>				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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Room 41		X		Floor Tile & Mastic	120 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1		Name of Registered Landfill Conestoga Landfill			
City, State Freehold, NJ		Disposal Date 09/11/2026		City, State Morgantown, PA					
Completed by Shannon Thomson		Title Operations Manager		Signature <i>Shannon Thomson</i>		Date 08/28/2026			

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

RECEIVED
SEP 2 2026

Date of Notification (1) 08/28/2026		Name of Building Owner/Operator (2) NJ Department of Human Services							
Agencies Notified	Type Notification	Street Address 222 South Warren Street							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Michael Ridofino	Telephone Number 609-947-6431						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hunterdon Developmental Center - Cottage 14		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 40 Pittstown Road		Square Feet 100,000	# of Floors 2						
City (5) Clinton		Bldg. Age 67							
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Developmental Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 120 North Warren Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 09/08/2026	Scheduled Completion Date (11) 09/11/2026	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: <u>Abatement performed in vacated areas</u>		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Room 41		X		Floor Tile & Mastic	120 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 09/11/2026		City, State Morgantown, PA					
Completed by Shannon Thomson		Title Operations Manager		Signature <i>Shannon Thomson</i>			Date 08/28/2026		

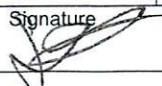
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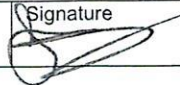
Print Form

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

SEP 2 2026

Date of Notification (1) 08/28/2026		Name of Building Owner/Operator (2) Roosevelt Public Schools							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 2 School Lane							
		City, State, Zip Code Roosevelt, NJ 08555							
		Name of Contact Karen Barry	Telephone Number 609-448-2798						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Roosevelt Elementary School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 School Lane		Square Feet 40,000	# of Floors 3						
City (5) Roosevelt		Bldg. Age 75							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 385		Street Address 623 Cutler Avenue							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Donna D'Errico		Telephone No. 609-652-1833	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: <u>Work being performed on the exterior of the building</u>		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof		X		Paper Vapor Barrier	95 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 09/08/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 			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) The Barchester Corporation							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # <u>2</u> ☐ Emergency (including justification) ☐ Cancellation	Street Address 3234 Riverview Lane							
		City, State, Zip Code Daytona Beach, FL 32118							
		Name of Contact Joseph Seravalli	Telephone Number 386-788-8831						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Santander Bank		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 201 Harmony Road		Square Feet 5,000	# of Floors 2						
City (5) Middletown		Bldg. Age 75							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 304 Harper Drive, Suite 207		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 Rafael Torres		Telephone No. 856-581-9055	License No. 00842						
Start Date (10) 08/10/2026	Scheduled Completion Date (11) 09/11/2026	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 ☒ 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 Ground Floor & Vestibule		X		Joint Compound & Associated Cove Base	4,140 SF	X			
Break Room Closet		X		Pipe Insulation	1 LF	X			
Break Room		X		Floor Tile & Mastic	5 SF	X			
Attic		X		Sheetrock/Joint Compound	15 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 09/11/2026		City, State Morgantown, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 08/28/2026			

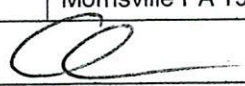
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 9/1/26		Name of Building Owner/Operator (2) City of Vineland							
Agencies Notified	Type Notification	Street Address 640 East Wood Street							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Vineland, NJ, 08360							
		Name of Contact Jim Proctor	Telephone Number 609-839-2432						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland Firehouse #3		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 185 West Forest Grove Rd		Square Feet 2000+	# of Floors 2						
City (5) Vineland, NJ, 08360		Bldg. Age 50+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Firehouse #3							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 365		Street Address PO Box 329							
City, State, Zip Code Berlin, NJ, 08009		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	Telephone No. 856-753-9800						
		License No. 00727							
Start Date (10) 9/2/26	Scheduled Completion Date (11) 9/4/26	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: <u>Basement room will be sealed off from up stairs.</u>		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
Basement Room			x	9x9 Tiles	200 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Hills					
City, State Berlin NJ		Disposal Date 9/5/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/31/26			

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

RECEIVED

Date of Notification (1) 8/31/26		Name of Building Owner/Operator (2) SEP 2 2026							
Agencies Notified	Type Notification	Street Address 11 East Lillie Ave							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	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)		Type of Facility (4)							
Street Address 11 East Lillie Ave		☐ 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 1700+	# of Floors 2						
County (6) Ocean		Bldg. Age 50+							
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) 9/9/26	Scheduled Completion Date (11) 9/15 /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							
		☐ 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	2000 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills					
City, State Berlin NJ		Disposal Date 9/19/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/31/26		

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

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Date of Notification (1) 8/31/26		Name of Building Owner/Operator (2) Tudor Development LLC.							
Agencies Notified	Type Notification	Street Address 1010 East Long Beach Blvd.							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Beach Haven, NJ, 08008							
		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 116 Route 73		Square Feet 1000+	# of Floors 2						
City (5) Voorhees, NJ, 08043		Bldg. Age 50+							
County (6) Camden	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) 9/15 /26	Scheduled Completion Date (11) 9/19 /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	1352 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills					
City, State Berlin NJ		Disposal Date 9/19/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/31/26			

1669

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

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1669

Date of Notification (1) August 31, 2026		Name of Building Owner/Operator (2) Garden State Pavement Solutions							
Agencies Notified	Type Notification	Street Address 3470 Route 22 West							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Readington Twp, NJ 08876							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 945 Somerset St		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Somerset		Square Feet	# of Floors 1						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) empty							
Name of Monitoring Firm Hired by Building Owner (8) Emerald Environmental Group, LLC		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 22 Ottawa Rd N		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Morganville, NJ 07751-1346		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Joseph Rizzo, CSP, CHMM		Telephone No. 973-641-1736	License No. 00781						
Start Date (10) 9/15/26	Scheduled Completion Date (11) 12/31/26		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 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
Inside			☒	Tile / Linoleum	1250 SF	☒			
"-"			☒	Mastic	780 SF	☒			
"-"			☒	pipe insulation	40 LF	☒			
"-"			☒	Transite	165 SF	☒			
Name of Registered Waste Hauler Century Waste Services LLC		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 22.4	Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent.					
City, State Elizabeth, NJ		Disposal Date 12/31/26		City, State Bethlehem, PA / Waynesburg, OH					
Completed by Steve King		Title V.P.	Signature 			Date 8/31/26			

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

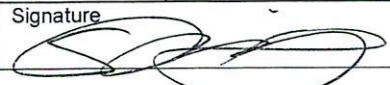
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Date of Notification (1) 9/2/2026		Name of Building Owner/Operator (2) USPS Elizabeth Branch							
Agencies Notified	Type Notification	Street Address 310 N Broad street							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Elizabeth NJ 07208							
		Name of Contact Carlos Vega	Telephone Number 908-820-8490						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) USPS ELIZABETH BRANCH		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 310 N. Broad Street		Square Feet 25000	# of Floors 1						
City (5) Elizabeth		Bldg. Age 60+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) USPS							
Name of Monitoring Firm Hired by Building Owner (8) ECS Mid Atlantic LLC		ASCM No.	Name of Abatement Contractor (9) PRISM Response						
Street Address 52 Grumbachar RD		Street Address 4000 Triangle Lane, Suite 160							
City, State, Zip Code York PA 17406		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Cody S Wagner		Telephone No. 717-767-4788	Telephone No. 570-708-7776						
Start Date (10) 05/08/2026		Scheduled Completion Date (11) 12/31/2026 *	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:		Name of OSHA Monitor Prism Response							
		Street Address 70 Hillside drive							
		City, State, Zip Code Drums PA 18222							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 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
Work Station Room			X	VAT & Mastic	8200 SF	X			
			X			X			
			X			X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Central New Jersey			Disposal Date	City, State Morrisville, Pennsylvania					
Completed by Jessica Wolfe		Title Administrative Support	Signature <i>Jessica Wolfe</i>	Date 9/2/2026					

* Currently offsite until further notice.

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

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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 285 Haywood Drive							
		City, State, Zip Code Paramus, NJ 07652							
		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 285 Haywood Drive		Square Feet 1677	# of Floors 1						
City (5) Paramus, NJ 07625		Bldg. Age 1953							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No. NA	Name of Abatement Contractor (9) RP Construction Management LLC						
Street Address 256A Jefferson Ct.		Street Address 11 1st Street							
City, State, Zip Code Lakewood, NJ 08701		City, State, Zip Code Lanoka Harbor, NJ 08734							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 732-948-9458	License No. 02130						
Start Date (10) 9/13/26	Scheduled Completion Date (11) 11/30/2026	Name of OSHA Monitor RP Construction 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 11 1st Street City, State, Zip Code Lanoka Harbor, NJ 08734							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 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 Siding		x		Transite Siding	1677	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Newark, NJ		Disposal Date 11/30/26		City, State Pen Argyl, PA					
Completed by Sasha Benjamin		Title Owner	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) 8/25/2026		Name of Building Owner/Operator (2) Wayne Township Community Center (Formerly YMCA)							
Agencies Notified	Type Notification	Street Address 1 Pike Dr,							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Wayne NJ 07470							
		Name of Contact Eric Fedor	Telephone Number 973-694-5090 ext. 4233						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wayne Township Community Center (Formerly YMCA)		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Pike Dr,		Square Feet	# of Floors						
City (5) Wayne Township		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) AHERA Consultants Incorporated		ASCM No. 00057	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address PO Box 385,		Street Address 105 Van Riper Avenue							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm Robert Vandenbree		Telephone No. 973-818-8064	License No. 01336						
Start Date (10) 9/1/2026	Scheduled Completion Date (11) 9/20/2026	Name of OSHA Monitor MKD Property Maintenance 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 105 Van Riper Ave							
		City, State, Zip Code Clifton NJ 07011							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 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 Area Mechanical Room		X		Boiler Breaching Insulation Boiler Flue/ Header Insulation	170 SF 100 SF	x			
Boiler Area Mechanical Room		X		Pipe Fitting/ Packing Insulation	50 Fitt/ Pack	x			
Boiler Area Mechanical Room		X		Boiler Doors (8 Doors)	20 SF	x			
Pump Area Mechanical Room		X		Pipe Fitting Insulation	30 Fittings	x			
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No. 003791		Cubic Yards of Waste N/A	Name of Registered Landfill Fairless Landfill				
City, State Clifton NJ 07011				Disposal Date N/A	City, State Morrisville PA 19067				
Completed by Darko Raloski		Title Owner		Signature 		Date 8/25/2026			

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

SEP 1 2026

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

Date of Notification (1) 8/25/2026		Name of Building Owner/Operator (2) Sussex County Community College		ASBESTOS CONTROL & LICENSING	
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			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.)		
Street Address 1 College Hill Road			Square Feet: 14,550 # of Floors: 4 Age: 168		
City (5) Newton		County (6) Sussex		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. 00118		Current Use (Prior if being demolished) College	
Street Address 464 Valley Brook Avenue		Name of Abatement Contractor (9) Unicorn Contracting Corp.			
City, State, Zip Code Lyndhurst, NJ 08736		Street Address 14 Willow street			
Project Manager for Monitoring Firm Jarred Panecki		Telephone No. 732.552.9615		City, State, Zip Code Bloomfield, NJ 07003	
Start Date (10) 09/8/2026		Scheduled Completion Date (11) 10/10/2026		Telephone No. 973-333-9176	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		License No. 01331			
Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		Name of OSHA Monitor Envirovision Consultants, Inc.	
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		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
				City, State, Zip Code Fair Lawn, NJ 07410	
				Full Containment with Negative Pressure * ☐ Mini-Enclosure ☐ Glovebag Procedure. ☐ Non-Exempted (*) and Non-Friable Procedure	
				Amount (Specify SF or LF)	
				Abatement Type Removal Repair Encapsulate Enclosure	
				See the pages attached	
Name of Registered Waste Hauler Century Waste Services, LLC		NJ/DEP Waste Hauler ID No. 0035844		Cubic Yards of Waste TBD	
City, State Elizabeth, NJ		Disposal Date TBD		Name of Registered Landfill Grand Central Landfill	
Completed by Katica Belevska		Title Administrator		Signature <i>Katica Belevska</i>	
				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,		x		9"x9" Floom Tiles	6,000 SF	x			
213, & 214; Third Floor: Rooms									
301, 302, 303, 304, 305, 306, 307,									
308, 312, 313, 314, 315, 316, 317,									
318, 319, & 320									
Hallways: First Floor: Rooms 110, 114, & 115; Second		x		Linoleum	2000 SF	x			
Floor:									
Rooms 207, 211, & 212									
Second Floor: Rooms 201 & 213;									
Third Floor: Rooms 301, 302,		x		Glue ceiling tiles	3200 SF	x			
303, 304, 305, 306, & 307, 316,									
317, 318, 319, & 320									
Second Floor: Rooms 201, 206,									
& 213; Third Floor: Rooms 301,		x		Ceiling finishes	4500 SF	x			
302, 303, 304, 305, 306, & 307,				plaster drywall					
313, 316, 317, 318, 319, & 320									
Third Floor: Rooms 308 & 312		x		Wall finishes	650SF	x			
First Floor: Rooms 108, 112, &									
113; Second Floor: Rooms 201 &				All bathroom	800SF	x			
210; Third Floor: Rooms 308 &		x		components					
312									
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			