

3989522

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

APR 20 2026

Date of Notification (1)
4 / 17 /26

Name of Building Owner/Operator (2)
RIVERVIEW MEDICAL CENTER DIVISION OF MMHN

Street Address
1 RIVERVIEW PLAZA

City, State, Zip Code
RED BANK, NEW JERSEY 07701

Name of Contact
BRIAN O'NEILL

Telephone Number
848-275-1901

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

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

Street Address
1 RIVERVIEW PLAZA

City (5)
RED BANK

County (6)
MONMOUTH

County Code (7) (STATE USE ONLY)

Square Feet
65,000

of Floors
5

Bldg. Age
75+

Current Use (Prior if being demolished)
Pharm. Lab. HOSPITAL

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

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NEW JERSEY 07747

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
THOMAS GEIGER

Telephone Number
732-290-2236

Expected State Date (10)
3 / 17 / 26

Sched. Completion Date (11)
9 / 30 / 26

Telephone Number
845-369-7500

License Number
1101

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

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)
 Demolition
 >3SF OR LF
 >160 SF OR 260 LF

Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ED AREA			X	FLOOR MASTIC	6,000 SF	X			
1ST FLOOR ED AREA			X	PIPE INSULATION	200 LF	X			
1ST FLOOR ED AREA			X	WALL TAR MASTIC	1,100 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
200

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NJ 07105

Disposal Date
3/17/26-09/30/26

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
VICE PRESIDENT, OPERATIONS

Signature
[Signature]

Date
4-17-26

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

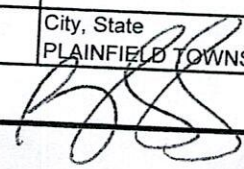
Date of Notification (1) 3 / 3 / 26		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER DIVISION OF MMHN	
Agencies Notified		Street Address 1 RIVERVIEW PLAZA	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code RED BANK, NEW JERSEY 07701	
Type Notification		Name of Contact BRIAN O'NEILL	Telephone Number 848-275-1901
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			

Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER			Type of Facility (4)		
Street Address 1 RIVERVIEW PLAZA			<input type="checkbox"/> School (K-12)		<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) RED BANK			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)		Square Feet 65,000	# of Floors 5
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS			ASCM No. 17	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL	

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION			Street Address 313 SPOOK ROCK ROAD		
Street Address 64 BROAD STREET			City, State, Zip Code SUFFERN, NEW YORK 10901		
City, State, Zip Code MATAWAN, NEW JERSEY 07747			Telephone Number 845-369-7500		License Number 1101
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Expected State Date (10) 3 / 17 / 26		Sched. Completion Date (11) 9 / 30 / 26			

Occupancy Status During Abatement (Check only one)			Street Address 1376 ROUTE 9		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:					
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM					
Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment	
<input type="checkbox"/> >3SF OR LF				<input type="checkbox"/> Mini-Enclo ,	
<input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ED AREA			X	FLOOR MASTIC	6,000 SF	X			
1ST FLOOR ED AREA			X	PIPE INSULATION	200 LF	X			
1ST FLOOR ED AREA			X	WALL TAR MASTIC	1,100 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105		Disposal Date 3/17/26-09/30/26		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title VICE PRESIDENT, OPERATIONS	Signature 	Date 3-3-26	

1271

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4357138

Print Form

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

APR 20 2026

Date of Notification (1)
4/16/26

Name of Building Owner/Operator (2)
Bellmawr Borough

Street Address
21 East Browning Road

City, State, Zip Code
Bellmawr, NJ 08031

Name of Contact
Gary Sauter

Telephone Number
609.929.2225

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Name of Facility Where Abatement is Taking Place (3)
Vacant Commercial Structure

Street Address
108 Essex Avenue

City (5)
Bellmawr

County (6)
Camden

County Code (7)
(STATE USE ONLY) _____

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

Square Feet _____ # of Floors _____ Bldg. Age _____

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. _____

Name of Abatement Contractor (9)
Ricco Construction Corp

Street Address
282 Creek Road

City, State, Zip Code
Bellmawr, NJ 08031

Project Manager for Monitoring Firm _____

Telephone No. _____

Telephone No. 856.931.3366 License No. 01339

Start Date (10)
4/27/26

Scheduled Completion Date (11)
6/30/26

Name of OSHA Monitor
Andrew Ricco

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
282 Creek Road

City, State, Zip Code
Bellmawr, NJ 08031

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	9X9 Floor Tile	1500 SF	X			

Name of Registered Waste Hauler
Ricco Construction Corp

NJDEP Waste Hauler ID No.
28909

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Bellmawr, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Andrew Ricco

Title
President

Signature
Andrew Ricco

Date
4/16/26

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

26418

PAID

4354466

Print Form

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

Date of Notification (1) 4.15.26		Name of Building Owner/Operator (2) APR 20 2026	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 212 Lafayette Ave	
		City, State, Zip Code Lyndhurst, NJ 07071	
		Name of Contact	Telephone Number

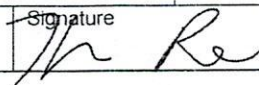
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 212 Lafayette Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Lyndhurst		Square Feet 2153	# of Floors 2	Bldg. Age 110
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ProService Environmental LLC	
Street Address		Street Address 3143 Bordentown Ave		
City, State, Zip Code		City, State, Zip Code Parlin, NJ 08859		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-459-2900	License No. 01350
Start Date (10) 4.16.26	Scheduled Completion Date (11) 4.18.26	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Living room			X	Floor tile	389	X			
Stairwell to 2nd floor			X	Plaster	368	X			

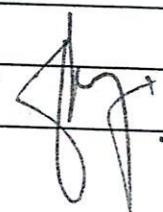
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ-913	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F	
City, State Elizabeth, NJ		Disposal Date 4.19.26		City, State Tullytown, PA	
Completed by Thomas Re		Title Owner	Signature 		Date 4.15.26

2316

4354468

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

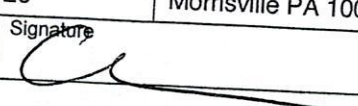
APR 20 2026

Date of Notification (1) 4/16/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 82 Valley Road							
		City, State, Zip Code Clifton, NJ 07013							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 82 Valley Road		Square Foot 1,600	# of Floors 2						
City (5) Clifton		Bldg. Age 55+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 4/18/2026	Scheduled Completion Date (11) 4/18/2026	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Fair Lawn, NJ 07410							
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Basement boiler room	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 20 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
		X		TSI		X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill					
City, State Bloomfield, New Jersey		Disposal Date TBD	City, State Morrisville, PA						
Completed by Blazhe Grozdanov	Title Project Manager	Signature 		Date 04/16/2026					

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

4357139
 APR 20 2026

Print Form

Date of Notification (1) 4/16/26		Name of Building Owner/Operator (2) George Gahles & Molly Church							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 20 E Weldon Place		City, State, Zip Code Long Beach Twp NJ 08008							
Name of Facility Where Abatement is Taking Place (3) George Gahles & Molly Church		Telephone Number 609-685-7094							
Street Address 20 E Weldon Place		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Long Beach Twp NJ 08008		Square Feet 1000+							
County (6) Ocean		# of Floors 2							
County Code (7) (STATE USE ONLY)		Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished)							
ASCN 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							
Telephone No.		License No. 00727							
Start Date (10) 4/27/26		Scheduled Completion Date (11) 5/1/26							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor			X	Floor Tile	1600 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 West Berlin NJ		Disposal Date 5/1/26		City, State Morrisville PA 10067					
Completed by Anthony T Perna		Title President		Signature 		Date 4/16/26			

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

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4357143

Print Form

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

RECEIVED

APR 20 2026

Date of Notification (1)
4/16/26

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 Adelpia Rd.

City, State, Zip Code
North Cape May 08204

Name of Contact

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Street Address
26 Adelpia Rd.

City (5)
North Cape May 08204

County (6)
Cape May

County Code (7)
(STATE USE ONLY)

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

Square Feet
1000+

of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
House

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
4/28/26

Scheduled Completion Date (11)
5/1/26

Name of OSHA Monitor
Same

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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
Pernaco Inc

NJDEP Waste Hauler ID No.
21787

Cubic Yards of Waste
3

Name of Registered Landfill
Cape May County Landfill

City, State
West Berlin NJ

Disposal Date
5/1/26

City, State
Woodbine NJ

Completed by
Anthony T Perna

Title
President

Signature

Date
4/16/26

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

10493 X Amended Material X Additional Material

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

RECEIVED 4354735

Date of Notification (1) 4/3/26		Name of Building Owner/Operator (2) APR 20 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 Betty Drive							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 16 Betty Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Manahawkin NJ 08050		Square Feet 1000+	# of Floors 1						
County (6) Ocean		Bldg. Age 50+							
		Current Use (Prior if being demolished) House							
Name of Monitoring Firm (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/14/26	Scheduled Completion Date (11) 4/20/26	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1000 SF	X			
Bedroom - Closet			X	Floor Tile	340 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 West Berlin NJ		Disposal Date 4/20/26		City, State Morrisville PA 10067					
Completed by Anthony T Perna		Title President	Signature 		Date 4/3/26				

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

10498

4357145

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

APR 20 2026

Date of Notification (1)
4/16/26

Name of Building Owner/Operator (2)
Arthur Rann E. S. School

Street Address
515 South 8th Ave

City, State, Zip Code
Galloway NJ 08205

Name of Contact
Vince Minyon

Telephone Number
609-941-1186

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Arthur Rann E. S. School

Street Address
515 South 8th Ave

City (5)
Galloway NJ 08205

County (6)
Atlantic

County Code (7)
(STATE USE ONLY)

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

Square Feet
1000+

of Floors
1

Bldg. Age
50+

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
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
4/29/26

Scheduled Completion Date (11)
5/5/26

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf

≥160 sf or ≥260 lf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 24			X	Floor Tile & Mastic	800 SF	X			

Name of Registered Waste Hauler
Pernaco Inc

NJDEP Waste Hauler ID No.
21787

Cubic Yards of Waste
3

Name of Registered Landfill
Atlantic County Landfill

City, State
West Berlin NJ

Disposal Date
5/1/26

City, State
Egg Harbor Township NJ

Completed by
Anthony T Perna

Title
President

Signature

Date
4/16/26

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

3645

4353149

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

Check 3645

APR 21 2026

Date of Notification (1) 04/02/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 12 Wagon Ln		City, State, Zip Code Cherry Hill Township, NJ 08002	
Name of Facility Where Abatement is Taking Place (3) Residential		Name of Contact	
Street Address 12 Wagon Ln		Telephone Number	
City (5) Cherry Hill Township, NJ 08002		FACILITY INFORMATION	
County (6) Camden		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY)		Square Feet 3,398	
Name of Monitoring Firm Hired by Building Owner (8)		# of Floors 1	
ASCM No.		Bldg. Age 1964	
Street Address		Current Use (Prior if being demolished)	
City, State, Zip Code		Name of Abatement Contractor (9) VEL Construction, LLC	
Project Manager for Monitoring Firm		Street Address 75 Voorhis Place	
Telephone No.		City, State, Zip Code Ringwood NJ 07456	
Start Date (10) 04/06/2026		Telephone No. 201-466-0166	
Scheduled Completion Date (11) 04/11/2026		License No. 02126	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		City, State, Zip Code	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Abatement Type	
Yes No N/A		Removal Repair Encapsulate Enclosure	
First Floor		Floor tile & mastic	
		1,105 SF	
		x	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	
City, State Elizabeth, NJ		Cubic Yards of Waste 5	
Completed by Lubica Perez		Name of Registered Landfill Grand Central Sanitary Landfill	
Title Owner		City, State Pen Argyl, PA	
Signature Lubica Perez		Disposal Date 04/11/2026	
Date 04/02/2026			

3638

4357148

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

Check 3638

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 322 Hoboken Rd						
	City, State, Zip Code East Rutherford, NJ 07073			Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 322 Hoboken Rd			Square Feet 2,750	# of Floors 2	Bldg. Age 1905				
City (5) East Rutherford, NJ 07073		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Bergen		Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.				
Name of Abatement Contractor (9) VEL Construction, LLC		Street Address 75 Voorhis Place							
Street Address		City, State, Zip Code Ringwood NJ 07456							
City, State, Zip Code		Telephone No. 201- 466-0166		License No. 02126					
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) 04/14/2026		Scheduled Completion Date (11) 04/20/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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	115 LF	x			
Basement		x		pipe fittings	25	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 04/20/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>			Date 04/03/2026		

3646

PAID

4354502

Print Form

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

Check 3646

APR 21 2026

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 712 Forest Ave								
		City, State, Zip Code Westfield, NJ 07090								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 712 Forest Ave		Square Feet 1938	# of Floors 2							
City (5) Westfield, NJ 07090		Bldg. Age 1929								
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126							
Start Date (10) 04/13/2026	Scheduled Completion Date (11) 04/17/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		pipe insulation	60 LF	X				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 04/17/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>				Date 04/03/2026		

3647

4357158

Print Form

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

Check 3647

APR 21 2026

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 54 Broughton Ave							
			City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 54 Broughton Ave		Square Feet 3,146	# of Floors 2							
City (5) Bloomfield, NJ 07003		Bldg. Age 1927								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126							
Start Date (10) 04/13/2026	Scheduled Completion Date (11) 04/17/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		pipe insulation	100 LF	X				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 04/17/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 04/03/2026			

3640

PAID

4357159

Print Form

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

Check 3640

Date of Notification (1) 04/07/2026		Name of Building Owner/Operator (2) APR 21 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 7 Marshall Dr City, State, Zip Code Edison, NJ 08817 Name of Contact _____ Telephone Number _____							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address 7 Marshall Dr City (5) Edison, NJ 08817		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet: 1,368 # of Floors: 2 Bldg. Age: 1957							
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) 04/28/2026	Scheduled Completion Date (11) 05/02/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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) 257 SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement den		x		floor tile & mastic		x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 05/02/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 04/07/2026		

3650

PAID

4353744

Print Form

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

Check 3650

APR 21 2026

Date of Notification (1) 04/07/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 26 Linda Pl				City, State, Zip Code Hazlet, NJ 07730			
		Name of Contact			Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 26 Linda Pl				Square Feet 1,368	# of Floors 1	Bldg. Age 1958			
City (5) Hazlet, NJ 07730		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address				Street Address 75 Voorhis Place					
City, State, Zip Code				City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201- 466-0166		License No. 02126		
Start Date (10) 04/10/2026		Scheduled Completion Date (11) 04/17/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Main Level Den		x		floor tile & mastic	231 SF	x			
Utility room		x		floor tile & mastic	34 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 04/17/2026		City, State Pen Argyl, PA				
Completed by Lubica Perez			Title Owner		Signature Lubica Perez		Date 04/07/2026		

3649

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

4353746

RECORDED
 Check 3649

Print Form

Date of Notification (1) 04/07/2026		Name of Building Owner/Operator (2) APR 21 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Pine Hill Dr							
		City, State, Zip Code Cranbury, NJ 08512							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 4 Pine Hill Dr		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cranbury, NJ 08512		Square Feet 2,109	# of Floors 2						
		Bldg. Age 1969							
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) 04/10/2026	Scheduled Completion Date (11) 04/14/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Mud Room		x		Floor tile & mastic	28 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 04/14/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 04/07/2026		

3648

4353742

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

Check 3648
 APR 21 2026

Date of Notification (1) 04/07/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 435 E Grand Ave City, State, Zip Code Rahway, NJ 07065 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 435 E Grand Ave			Square Feet	# of Floors	Bldg. Age				
City (5) Rahway, NJ 07065			1,448	2	1942				
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		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) 04/09/2026		Scheduled Completion Date (11) 04/16/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	665 SF	x			
Basement		x		pipe wrap	78 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 04/16/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 04/07/2026				

3657

4350263

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

Check 3657

Date of Notification (1) 04/16/2026		Name of Building Owner/Operator (2) APR 22 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 16 Beauvoir PI		City, State, Zip Code Summit, NJ 07901				
			Name of Contact 		Telephone Number 				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 16 Beauvoir PI			Square Feet TBD	# of Floors 1	Bldg. Age 1880				
City (5) Summit, NJ 07901		County (6) Union		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) 		ASCM No. _____	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address 		Street Address 75 Voorhis Place		City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm 		Telephone No. _____	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 04/28/2026		Scheduled Completion Date (11) 05/04/2026		Name of OSHA Monitor 					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 						
			City, State, Zip Code 						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		x	pipe insulation	70 LF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/04/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 04/16/2026			

3658

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

Check 3658
 APR 22 2026

Date of Notification (1) 04/16/2026		Name of Building Owner/Operator (2)						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 160 Russell St					
	City, State, Zip Code Woodbridge, NJ 07095			Name of Contact				
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 160 Russell St			Square Feet 1,149	# of Floors 1	Bldg. Age 1953			
City (5) Woodbridge, NJ 07095		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)				
County (6) Middlesex								
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) 04/17/2026	Scheduled Completion Date (11) 04/23/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address					
			City, State, Zip Code					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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
Kitchen		x	floor tile & mastic	72 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 04/23/2026		City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner	Signature Lubica Perez		Date 04/16/2026			

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

Check 3665

APR 22 2026

Date of Notification (1) 04/17/2026		Name of Building Owner/Operator (2) Select Medical, Michelle O'Keefe						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 300 Market St		Telephone Number 862 240-4593			
			City, State, Zip Code Saddle Brook, NJ 07663		Name of Contact Charlie Mullen, Jr., First Onsite			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial - Kessler Institute for Rehabilitation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 300 Market St			Square Feet TBD	# of Floors 4	Bldg. Age TBD			
City (5) Saddle Brook, NJ 07663			Current Use (Prior if being demolished)					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 04/20/2026		Scheduled Completion Date (11) 04/27/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			Street Address					
			City, State, Zip Code					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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 floor - Leisure center		X	pipe fittings	3	X			
1st floor - Conference center		X	pipe fittings	3	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 04/27/2026		City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 04/17/2026			

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

4354522
 Check 3656
 APR 22 2026

Print Form

Date of Notification (1) 04/17/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Tohicon PI		City, State, Zip Code Oceanport, NJ 07757					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 30 Tohicon PI			Square Feet 1,929	# of Floors 1	Bldg. Age 1965				
City (5) Oceanport, NJ 07757		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Monmouth		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		Street Address 75 Voorhis Place		City, State, Zip Code Ringwood NJ 07456					
City, State, Zip Code		Telephone No. 201- 466-0166		License No. 02126					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 04/21/2026		Scheduled Completion Date (11) 04/28/2026		Street Address					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room		x		floor tile & mastic	25 SF	x			
Recreational Room		x		floor tile & mastic	891 SF	x			
Laundry Room		x		floor tile & mastic	18 SF	x			
Bathroom & Closet		x		floor tile & mastic	68 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 04/28/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 04/17/2026			

3676

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

Check 3676


Date of Notification (1) 04/17/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">APR 22 2026</div>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 710 Summer Ave		City, State, Zip Code Newark, NJ 07104				
			Name of Contact _____		Telephone Number _____				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 710 Summer Ave			Square Feet TBD	# of Floors 1	Bldg. Age TBD				
City (5) Newark, NJ 07104		County (6) Essex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 04/27/2026		Scheduled Completion Date (11) 05/04/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address _____						
			City, State, Zip Code _____						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor		x		sheetrock	120 SF	x			
First floor		x		pipe insulation	10 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/04/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 04/17/2026				

2317

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

APR 22 2026

Date of Notification (1) 04/17/2026		Name of Building Owner/Operator (2) NJ Office of Design and Construction								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street, 9th Fl								
		City, State, Zip Code Trenton, NJ 08625								
		Name of Contact William Domijan	Telephone Number 609.468.3755							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)								
Street Address 54 Riverside Drive		Square Feet 920+	# of Floors 1+ Bldg. Age 50+							
City (5) Hillsdale		Current Use (Prior if being demolished) Residence								
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.							
Street Address P.O.Box 354		Street Address 14 Willow Street								
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Bloomfield, NJ 07003								
Project Manager from Monitoring Firm Sarah Calandra		Telephone No. 201.349.2666	Telephone No. 973-333-9176 License No. 01331							
Start Date (10) 04/21/2026		Scheduled Completion Date (11) 04/24/2026	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 4:30 PM		Street Address 20-21 Wagaraw Rd., Bldg. 35-E								
		City, State, Zip Code Fair Lawn, NJ 07410								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf										
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Unsafe House				Entire Structure to be treated as RACM		X				
						X				
						X				
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State				Disposal Date TBD	City, State					
Completed by Blazhe Grozdanov		Title Project Manager		Signature 			Date 04/17/26			

6399

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

APR 22 2026

Date of Notification (1) <u>4-18-26</u>		Name of Building Owner/Operator (2) <u>STAR CONSTRUCTION INC.</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 36</u>							
		City, State, Zip Code <u>MOORESTOWN N.J 08057</u>							
		Name of Contact <u>MIKE</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>1962 WEST AVE</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>						
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>50+</u>							
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0472</u>	License No. <u>1371</u>						
Start Date (10) <u>5-1-26</u>	Scheduled Completion Date (11) <u>5-10-26</u>	Name of OSHA Monitor <u>N/A.</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
City, State, Zip Code _____		_____							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500 SF</u>	<u>X</u>			
_____				_____	_____				
_____				_____	_____				
_____				_____	_____				
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>					
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLOMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>			Date <u>4-18-26</u>			

0399 CIL# 6399

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

APR 22 2026

Date of Notification (1) 4-18-26		Name of Building Owner/Operator (2) HARGROVE DEMOLITION				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1507 STATE ST.				
		City, State, Zip Code CAMDEN N.J 08105				
		Name of Contact KELLY	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address 120 POWELTON AVE		Square Feet 1500	# of Floors 2			
City (5) WOODLYNNE		Bldg. Age 50+				
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT				
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC				
Street Address		Street Address 369 S SPRUCE AVE				
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052				
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. # 01371			
Start Date (10) 4-28-26	Scheduled Completion Date (11) 5-10-26	Name of OSHA Monitor N/A				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address				
		City, State, Zip Code				
Scope of Work (Check all that apply)						
<input type="checkbox"/> $\geq 3\text{ sf or } \geq 3\text{ ft}$ <input checked="" type="checkbox"/> $\geq 160\text{ sf or } \geq 260\text{ ft}$		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
STUDING	Yes No N/A X	TRANSITE	3000 SF	X		
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill G.B.O.W.S.		
City, State MAPLE SHADE N.J		Disposal Date	City, State TULLYTOWN PA			
Completed By MICHAEL KLOPP		Title PRES	Signature <i>[Signature]</i>	Date 4-18-26		

non-exempted activities

43953

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

43953

Date of Notification (1) 4 / 16 /2026		Name of Building Owner/Operator (2) SOUTHERN OCEAN MEDICAL CENTER	
Agencies Notified		Street Address 1140 ROUTE 72	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code STAFFORD TOWNSHIP, NEW JERSEY 08050	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #2		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact BRIAN O'NEILL	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold	Telephone Number 848-275-1901	
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

APR 22 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SOUTHERN OCEAN MEDICAL CENTER		Type of Facility (4)		
		<input type="checkbox"/> School (K-12)		
		<input type="checkbox"/> Subchapter 8 (Other than K-12)		
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1140 ROUTE 72		Square Feet 310,000	# of Floors 4	Bldg. Age 83
City (5) STAFFORD TOWNSHIP	County (6) OCEAN	County Code (7) (STATE USE ONLY)		

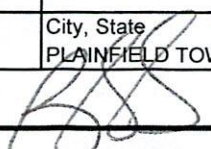
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NEW JERSEY		City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 908-715-2600		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 4 / 20 /2026		Sched. Completion Date (11) 6 / /30 /2026		Name of OSHA Monitor QUALITY ENVIRONMENTAL	

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR FORMER CLEAN LINEN RM.			X	FLOOR MASTIC	650 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR CORRIDOR & ADJACENT OFFICE			X	FLOOR MASTIC	1,350 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 2/16/26-06/30/2026		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		Date 4-16-26

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

Date of Notification (1) 2 / 12 /2026		Name of Building Owner/Operator (2) SOUTHERN OCEAN MEDICAL CENTER	
Agencies Notified		Street Address 1140 ROUTE 72	
Type Notification		City, State, Zip Code STAFFORD TOWNSHIP, NEW JERSEY 08050	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEILL	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #1	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SOUTHERN OCEAN MEDICAL CENTER			Type of Facility (4)		
			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1140 ROUTE 72			Square Feet 310,000	# of Floors 4	Bldg. Age 83
City (5) STAFFORD TOWNSHIP	County (6) OCEAN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NEW JERSEY			City, State, Zip Code SUFFERN, NEW YORK 10901		

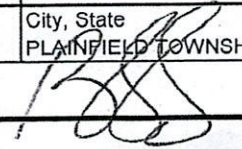
Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 908-715-2600	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 2 / 16 /2026 Month Day Year	Sched. Completion Date (11) 6 / /30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code WAPPINGER FALLS, NY 12590
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR FORMER CLEAN LINEN RM.			X	FLOOR MASTIC	650 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 2/16/26-06/30/2026	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 2-12-26

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

Date of Notification (1) 1 / 30 /2026		Name of Building Owner/Operator (2) SOUTHERN OCEAN MEDICAL CENTER	
Agencies Notified		Street Address 1140 ROUTE 72	
Type Notification		City, State, Zip Code STAFFORD TOWNSHIP, NEW JERSEY 08050	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEILL	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number 848-275-1901	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SOUTHERN OCEAN MEDICAL CENTER		Type of Facility (4)	
		<input type="checkbox"/> School (K-12)	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1140 ROUTE 72		Square Feet 310,000	# of Floors 4
		Bldg. Age 83	

City (5) STAFFORD TOWNSHIP	County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.	ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
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Street Address 64 BROAD STREET	Street Address 313 SPOOK ROCK ROAD
--	--

City, State, Zip Code MATAWAN, NEW JERSEY	City, State, Zip Code SUFFERN, NEW YORK 10901
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Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 908-715-2600	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 2 / 16 /2026 Month Day Year	Sched. Completion Date (11) 6 / /30 /2026 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one)	Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:	
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM	City, State, Zip Code WAPPINGER FALLS, NY 12590

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR FORMER CLEAN LINEN RM.			X	FLOOR MASTIC	650 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
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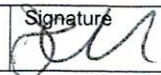
City, State NEWARK, NEW JERSEY 07105	Disposal Date 2/16/26-06/30/2026	City, State PLAINFIELD TOWNSHIP, PA
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Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 1-30-26
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

APR 26 2026

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Date of Notification (1) 04/17/2026		Name of Building Owner/Operator (2) New Jersey Department of Military and Veterans Affairs							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 Eggert Crossing Road						
			City, State, Zip Code Lawrenceville, NJ 08648						
		Name of Contact Abigail Zorn		Telephone Number 609-530-6917					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbury Armory			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 658 N. Evergreen Avenue			Square Feet 50,000	# of Floors 2	Bldg. Age 100				
City (5) Woodbury		County (6) Gloucester		County Code (7) (STATE USE ONLY) _____					
				Current Use (Prior if being demolished) Army National Guard					
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 28 N. Pennell Road				Street Address 623 Cutler Avenue					
City, State, Zip Code Media, PA 19063				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 04/28/2026		Scheduled Completion Date (11) 06/01/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MVSB 2 Roof		X		Black Roofing	11,904 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 80	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ				Disposal Date 06/01/2026		City, State Morgantown, PA			
Completed by Samantha Brown			Title Operations Coordinator		Signature 		Date 04/17/2026		

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

APR 23 2026

Date of Notification (1) 3/23/2026		Name of Building Owner/Operator (2) 50 Rt 10 LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 Plaza Drive, 6th Floor
	City, State, Zip Code Secaucus, NJ 07094		Name of Contact Mr. Mark Kosa
		Telephone Number 201-348-1200	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) David Alan Banquet Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 50 NJ Route 10		Square Feet	# of Floors
City (5) Whippany		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____		Name of Abatement Contractor (9) NorthEast Management LLC	
Street Address		Street Address 41 Madson Avenue	
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662	
Project Manager for Monitoring Firm		Telephone No. 2015771381	License No. 02008
Start Date (10) 4/2/2026	Scheduled Completion Date (11) 5/7/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 41 Madison Avenue	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior - in ground				Transite Pipe	250LF	x			

Name of Registered Waste Hauler Leonti Recycling	NJDEP Waste Hauler ID No. 35711	Cubic Yards of Waste	Name of Registered Landfill Sterling Carting
City, State Waldwick, NJ	Disposal Date	City, State Sloatsburg, NY	
Completed by Sonja Dimovska	Title Owner	Signature 	Date 3/23/2026

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

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

RECEIVED

NO
OK

Date of Notification (1) 4/10/2026		Name of Building Owner/Operator (2) Xebec Realty		APR 23 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 Hudson Street, Suite 2177		City, State, Zip Code Jersey City NJ 07302				
			Name of Contact Jeff Hoffman		Telephone Number 908-295-5388				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 711 Lidgerwood Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) Elizabeth			Current Use (Prior if being demolished)						
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) NorthEast Management LLC						
Street Address		Street Address 41 Madison Avenue							
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381	License No. 02008					
Start Date (10) 4/20/2026		Scheduled Completion Date (11) 6/20/2026		Name of OSHA Monitor NorthEast Management LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 41 Madison Avenue						
			City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Roof flashing	2,200SF	X			
Throughout			X	Floor tile	550SF	X			
Main Warehouse			X	Pipe insulation	1,000SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Sonja Dimovska		Title Owner		Signature		Date 4/10/2026			

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

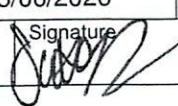
RECEIVED

Date of Notification (1) 4/2/2026		Name of Building Owner/Operator (2) Sterling Properties		APR 23 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 E Mt Pleasant Avenue		ASBESTOS CONTROL & ABATEMENT				
			City, State, Zip Code Livingston, NJ 07039						
			Name of Contact Rob Wyder		Telephone Number 908-797-8748				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Chase Bank			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 22-01 Fair Lawn Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) Fair Lawn			Current Use (Prior if being demolished)						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NorthEast Management LLC					
Street Address			Street Address 41 Madison Avenue						
City, State, Zip Code			City, State, Zip Code Rochelle Park, NJ 07662						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-577-1381	License No. 02008				
Start Date (10) 4/13/2026		Scheduled Completion Date (11) 5/13/2026		Name of OSHA Monitor NorthEast Management LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____			Street Address 41 Madison Avenue						
			City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			X	Joint Compound	2,416SF	<input checked="" type="checkbox"/>			
2nd Floor Boiler Room			X	Duct Insulation	210SF	<input checked="" type="checkbox"/>			
2nd Floor			X	Floor Tile	980SF	<input checked="" type="checkbox"/>			
1st Floor			X	Floor Tile	2,852SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste		Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ				Disposal Date		City, State Morrisville, PA			
Completed by Sonja Dimovska			Title Owner		Signature		Date 4/2/2026		

11035

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

RECEIVED
 APR 23 2026

Date of Notification (1) 04/17/2026		Name of Building Owner/Operator (2) APR 23 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 Garrett Lane							
	City, State, Zip Code Willingboro, NJ 08046			Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Street Address 20 Garrett Lane				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Willingboro		Square Feet 1,856	# of Floors 2	Bldg. Age 61						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue								
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 04/30/2026		Scheduled Completion Date (11) 05/06/2026		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 Route 130 North						
				City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Dining Room & Hallway			X	Floor Tile	314 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 05/06/2026		City, State Morgantown, PA						
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 04/17/2026				

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

43980

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

43982

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

APR 23 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 10 PHILLIPS DRIVE			Square Feet 13,122	# of Floors 1	Bldg. Age 65+
City (5) OLD BRIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING		
Name of Monitoring Firm Hired by Building Owner (8) RBS ENVIRONMENTAL			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 24 VETERANS SQUARE			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MEDIA, PA 19063			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm MIKE STOCKU	Telephone Number 609-304-3969	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 5 / 6 / 26 Month Day Year	Sched. Completion Date (11) 8 / 30 / 26 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 4PM - 12AM	Street Address 1376 ROUTE 9
	City, State, Zip Code WAPPINGERS FALL, NEW YORK 12590

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Encl , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND FLOOR-FRAME AREA			x	FLOOR TILES/MASTIC	1,300 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY
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City, State NEWARK, NEW JERSEY	Disposal Date 5/6-08/30/2026	City, State PLAINFIELD TOWNSHIP, PA
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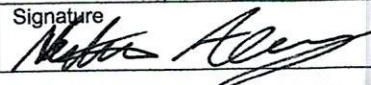
Completed by (Print or Type) BENJAMIN SANCHEZ	Title VICE PRESIDENT, OPERATIONS	Signature 	Date 4-21-26
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4077
3811356912

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

RECEIVED

APR 23 2026

Date of Notification (1) 04/16/2026		Name of Building Owner/Operator (2)						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 220 Park Place						
		City, State, Zip Code Irvington, New Jersey, 07111						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 220 Park Place		Square Feet 1,400 SF	# of Floors 2					
City (5) Irvington		Bldg. Age 1953						
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting					
Street Address		Street Address 54 Hedden Terrace						
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031						
Project Manager for Monitoring Firm		Telephone No. (201) 790-4530	License No. 02047					
Start Date (10) 04/20/2026	Scheduled Completion Date (11) 04/21/2026	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 60 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement			X	Thermal Systems Insulation	X			
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 1	Name of Registered Landfill Chrin Brothers Landfill				
City, State North Arlington, NJ		Disposal Date TBD		City, State Easton, PA				
Completed by Nestor M. Alvez		Title Project Manager		Signature 			Date 04/16/2026	

37061

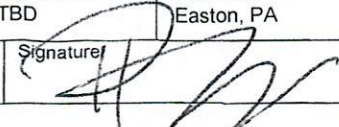
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Print Form

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

RECEIVED

APR 23 2026

Date of Notification (1) 04/20/26		Name of Building Owner/Operator (2) Bridgewater Raritan Regional School District								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 836 Newmans Lane								
		City, State, Zip Code Bridgewater, NJ 08807								
		Name of Contact Kevin Lomski, BA	Telephone Number 908-685-2777							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Hillside Intermediate School Phase 1		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 844 Brown Road		Square Feet n/a	# of Floors 2							
City (5) Bridgewater		Bldg. Age unknown								
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Panoramic Window & Door Systems, Inc.							
Street Address 3 Crosswicks Street		Street Address 712 Sergeantsville Rd								
City, State, Zip Code Bordertown, NJ 08505		City, State, Zip Code Stockton, NJ 08559								
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	License No. 01237							
Start Date (10) 4/29/26	Scheduled Completion Date (11) 6/18/26	Name of OSHA Monitor Panoramic Window & Door Systems, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 3:00pm - 11:00pm <input type="checkbox"/> Other - Describe: _____		Street Address 712 Sergeantsville Rd								
		City, State, Zip Code Stockton, NJ 08559								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Windows			X	Perimeter Caulk	2038 LF	X				
Name of Registered Waste Hauler Panoramic Window & Door Systems, Inc.		NJDEP Waste Hauler ID No. 0036057	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Bros Sanitary Landfill						
City, State Stockton, NJ		Disposal Date TBD	City, State Easton, PA							
Completed by Paul Nagy		Title VP	Signature 				Date 4/20/26			

2946

Proj. #: 26-70

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

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APR 24 2026

Date of Notification (1) 10 14 1 13 1 12 16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 651 Bryant Street	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ 07065	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 651 Bryant Street			Square Feet 1,800 SF	# of Floors 02	Bldg. Age 91
City (5) Rahway, NJ 07065	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 144 US Highway 46		
City, State, Zip Code			City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 05/05/2026	Sched. Completion Date (11) 05/08/2026		Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours			Street Address 144 US Highway 46		
			City, State, Zip Code Budd Lake, NJ 07828		

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		Mastic/Felt Paper	630 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State Budd Lake, NJ 07828	Disposal Date TBD		City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature 	Date 04/13/2026		

2446

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

PAID

RECEIVED

Proj. #: 26-66

APR 24 2026

Date of Notification (1) 10/4/13/12/6/1		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 43 Ridgeview Avenue	
		City, State, Zip Code West Orange, NJ 07052	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 43 Ridgeview Avenue			Square Feet 2,000 SF	# of Floors 02	Bldg. Age 106
City (5) West Orange, NJ 07052	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 144 US Highway 46		
City, State, Zip Code			City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 04/28/2026	Sched. Completion Date (11) 05/01/2026		Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours			Street Address 144 US Highway 46		
			City, State, Zip Code Budd Lake, NJ 07828		

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-friable procedure


Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st Floor Kitchen		<input checked="" type="checkbox"/>		VAT	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		Pipe Insulation	83 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature 	Date 04/13/2026	

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

3939415

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

Date of Notification (1) 4 / 15 / 26		Name of Building Owner/Operator (2) U.S Department of Veterans Affairs New Jersey Healthcare System							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 385 Tremont Ave							
		City, State, Zip Code East Orange, NJ 07018							
		Name of Contact John Nashed	Telephone Number 973-676-1000X203353						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VA New Jersey Healthcare System -East Orange Campus		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 385 Tremont Ave		Square Feet 100,000	# of Floors 10						
City (5) East Orange		Bldg. Age 50							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 5434 King Avenue, Suite 101		Street Address 923 Haws Ave.							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Tim Gromen	Telephone No. 856-616-9516	Telephone No. 610-239-9920	License No. 00398						
Start Date (10) 4 / 24 / 26	Scheduled Completion Date (11) 9 / 30 / 26	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11pm PM/____PM-____AM		Street Address 923 Haws Ave							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
bldg 1 B level plumbing shop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	20LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bldg.1 B level corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	300LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bldg.1 1 st floor room 197	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	15LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bldg.1 3 rd floor auditorium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	60LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 40CY	Name of Registered Landfill WM Fairless Landfill					
City, State Camden, NJ		Disposal Date 9/30/26		City, State Fairless Hill, PA					
Completed By (Print or Type) James M. Kelly	Title Vice President	Signature 		Date 4/19/2026					

East Orange VA Bldg. 1


Location of Asbestos Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Materials (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (specify SF or LF)	Abatement Type			
				removal	repair	encapsulate	enclosure
	Yes No N/A			X			
Bldg 1 3 rd floor dental waiting storage	X	pipe insulation	30LF	X			

3941214

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

APR 27 2026

100
OK

Date of Notification (1) 04/22/2026		Name of Building Owner/Operator (2) New Jersey Department of Military and Veterans Affairs								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Eggert Crossing Road								
		City, State, Zip Code Lawrenceville, NJ 08648								
		Name of Contact Abigail Zorn	Telephone Number 609-530-6917							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Woodbury Armory		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 658 N. Evergreen Avenue		Square Feet 50,000	# of Floors 2							
City (5) Woodbury		Bldg. Age 100								
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Army National Guard								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address N/A		Street Address 623 Cutler Avenue								
City, State, Zip Code N/A		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 856-755-0099							
Start Date (10) 04/28/2026		Scheduled Completion Date (11) 06/01/2026	License No. 00842							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EMSL Analytical, Inc.								
		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
MVSB 2 Roof		X		Black Roofing	11,904 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 80	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 06/01/2026		City, State Morgantown, PA						
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 04/22/2026						

10503

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

Date of Notification (1) 4/22/26		Name of Building Owner/Operator (2) APR 24 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10202 Beach Ave	
		City, State, Zip Code Long Beach Twp NJ 08008	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 10202 Beach Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Long Beach Twp NJ 08008	Square Feet 1000+	# of Floors 2	Bldg. Age 50+
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8)		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) 5/1/26	Scheduled Completion Date (11) 5/5/26	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills	
City, State West Berlin NJ		Disposal Date 5/5/26		City, State Morrisville PA 10067	
Completed by Anthony T Perna		Title President	Signature 		Date 4/22/26

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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) 04/21/2026		Name of Building Owner/Operator (2) Rutgers University Health & Safety Office		APR 24 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 74 Street 1603, Building 4116		Telephone Number 848-445-2550				
			City, State, Zip Code Piscataway, NJ 08854						
		Name of Contact Michael F. Smith, HSS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Richardson Apartments, Building #3843			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 189 Bevier Road			Square Feet 50,000		# of Floors 3				
City (5) Piscataway			Bldg. Age 46						
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University Housing					
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Services		ASCM No. 00098	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 3 Terri Lane, Suite 4			Street Address 623 Cutler Avenue						
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 05/22/2026		Scheduled Completion Date (11) 06/27/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Unit 113		X		Linoleum & VAT	260 SF	X			
1st Floor Units 114, 115, & 116		X		Linoleum & VAT	765 SF	X			
2nd Floor Unit 117		X		Linoleum & VAT	260 SF	X			
2nd Floor Units 118, 119, & 120		X		Linoleum & VAT	765 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 06/27/2026	City, State Morgantown, PA						
Completed by Christina Fay		Title VP of Operations	Signature 		Date 04/21/2026				

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
3rd Floor Unit 121		X		Linoleum & VAT	260 SF	X	
3rd Floor Units 122, 123, & 124		X		Linoleum & VAT	765 SF	X	

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

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APR 24 2026

Date of Notification (1) 4/21/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 38 West Gibbons Street							
		City, State, Zip Code Linden, NJ 07036							
		Name of Contact	Telephone Number						
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 38 West Gibbons Street		Square Foot 1,600	# of Floors 2						
City (5) Linden		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 14 Willow Street							
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331						
Start Date (10) 05/02/2026		Scheduled Completion Date (11) 05/02/2026							
Name of OSHA Monitor Envirovision Consultants, Inc.		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am-4:30pm</u>		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI	85 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+		Name of Registered Landfill Fairless Hills Landfill			
City, State Bloomfield, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Blazhe Grozdanov		Title Project Manager		Signature 		Date 4/21/2026			

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

APR 24 2026

Date of Notification (1) 04/21/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelation	Street Address 22 Grant Ave	
		City, State, Zip Code East Orange, NJ 07017	
		Name of Contact	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 22 Grant Ave		Square Foot 2,000	# of Floors 2
City (5) East Orange		Bldg. Age 55+	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		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 fo Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 04/25/2026	Scheduled Completion Date (11) 04/25/2026	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am-4:30pm</u>		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill
City, State Bloomfield, New Jersey		Disposal Date TBD	City, State Morrisville, PA
Completed by Blazhe Grozdanov	Title Project Manager	Signature 	Date 04/21/2026

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

Date of Notification (1) 04/20/2026		Name of Building Owner/Operator (2) Elizabeth School District		Check No. 74067267 2026 APR 27 2026	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		Street Address		
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		500 North Broad Street		
			City, State, Zip Code Elizabeth, New Jersey 07208		
		Name of Contact Milanes Luis		Telephone Number 908-436-5180	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mable G Holmes School # 5			Type of Facility (4)		
Street Address 650 Bayway Avenue			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Elizabeth, New Jersey 07202			Square Feet 10000	# of Floors 2	Bldg. Age 50+
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School 5		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. 0012	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 560 Sylvan Avenue Suite 3065			Street Address 246 Union Boulevard		
City, State, Zip Code Englewood Cliffs, NJ 07632			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Stephen A. Jaraczewski		Telephone No 201-569-6078	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 4/30/2026		Scheduled Completion Date (11) 05/02/2026		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym Entrance First Floor			X	Plaster Ceiling	15 SF	X			
2nd Floor hallway			X	Plaster Ceiling	9 SF	X			

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill	
City, State Elizabeth, New Jersey		Disposal Date May / 2026		City, State Pen Argyl, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 4/01/2026

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

RECEIVED
 APR 27 2026

Date of Notification (1) 4/23/26		Name of Building Owner/Operator (2) JRDN Properties, LLC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1125 Concord Dr							
			City, State, Zip Code Haddonfield, NJ 08080							
			Name of Contact Daniel Klein	Telephone Number 619.228.6861						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Vacant SFD		Type of Facility (4)								
Street Address 132 Leaming Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) West Cape May		Square Feet	# of Floors							
County (6) Cape May		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SFD							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)							
Street Address		Ricco Construction Corp								
City, State, Zip Code		282 Creek Road								
Project Manager for Monitoring Firm		Telephone No.	License No.							
Start Date (10) 5/4/26		Scheduled Completion Date (11) 6/30/26	856.931.3366 01339							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Andrew Ricco								
Scope of Work (Check All That Apply)		Street Address								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		282 Creek Road								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code								
		Bellmawr, NJ 08031								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior			X	Transite Siding	2800 SF	X				
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill						
Ricco Construction Corp		28909	TBD	CMCMUA						
City, State		Disposal Date		City, State						
Bellmawr, NJ		TBD		Woodbine, NJ						
Completed by		Title	Signature		Date					
Andrew Ricco		President	Andrew Ricco		4/23/26					

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

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Print Form

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

APR 27 2026

Date of Notification (1) 04/03/2026		Name of Building Owner/Operator (2) South Orange Village	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 76 South Orange Ave	
		City, State, Zip Code South Orange NJ 07079	
		Name of Contact Hassan Latif	Telephone Number 201-362-9828

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) South Orange Vilage Library-Connect Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 65 Scotland Road		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) South Orange New Jersey 07079		Current Use (Prior if being demolished) South Orange Village Library		
County (6) Essex	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc		ASCM No. 0012	Name of Abatement Contractor (9) Teal Management	
Street Address 560 Sylvan Ave Suite 3065		Street Address 24 Motrley Drive		
City, State, Zip Code Englewood Cliffs NJ 07632		City, State, Zip Code Woodland Park NJ 07424		
Project Manager for Monitoring Firm Stephen A. Jaraczewski		Telephone No. 201-569-6708	Telephone No. 862-243-1471	License No. 02063
Start Date (10) 04/21/2026	Scheduled Completion Date (11) 04/28/2026	Name of OSHA Monitor Teal Management		

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 24 Morley Drive	
		City, State, Zip Code Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Connect Bldg Pipe Floor Trench			x	PIPE INSULATION	20 LF	x			
Connect Bldg Old Boiler Room			x	Ceiling and Wall Plaster	750 SF	x			
Connect Bldg			X	Small Exhaust Chimney	5 SF				

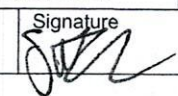
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 15 CY	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park NJ 07424		Disposal Date 04/28/2026	City, State Morrisville PA		
Completed by Tome Maslarkov	Title Project Manager	Signature 		Date 04/03/2026	

11048

4354855

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

RECEIVED

Date of Notification (1) 04/22/2026		Name of Building Owner/Operator (2) APR 27 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 Evergreen Road							
		City, State, Zip Code Stratford, NJ 08084							
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 23 Evergreen Road			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Stratford		Square Feet 1,401	# of Floors 2	Bldg. Age 70					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 04/23/2026		Scheduled Completion Date (11) 04/28/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office, Laundry Room, & Bathroom			X	Floor Tile	253 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 2	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ				Disposal Date 04/28/2026		City, State Morgantown, PA			
Completed by Samantha Brown			Title Operations Coordinator		Signature 		Date 04/22/2026		

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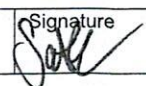
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Print Form

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

RECEIVED

Date of Notification (1) 04/22/2026		Name of Building Owner/Operator (2) Bridgeton Housing Authority		APR 27 2026				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 110 E. Commerce Street		Telephone Number 856-451-4454 x 202			
			City, State, Zip Code Bridgeton, NJ 08302					
		Name of Contact Donny Brown						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Maplewood Gardens			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 14 Maple Drive			Square Feet 2,000	# of Floors 2	Bldg. Age 70			
City (5) Bridgeton			Current Use (Prior if being demolished) Apartment					
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 316		Street Address 623 Cutler Avenue						
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 05/08/2026	Scheduled Completion Date (11) 05/13/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North					
			City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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
Kitchen		X	Pipe Insulation	6 LF	X			
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill				
City, State Maple Shade, NJ		Disposal Date 05/13/2026		City, State Millville, NJ				
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 04/22/2026		

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

Date of Notification (1) 04/22/2026		Name of Building Owner/Operator (2) Rutgers University Health & Safety Office	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 74 Street 1603, Building 4116	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Michael F. Smith, HSS	Telephone Number 848-445-2550

APR 27 2026

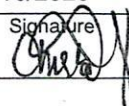
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Clothier Hall, Building #3064		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 590 George Street		Square Feet 100,000	# of Floors 8
City (5) New Brunswick		Bldg. Age 50	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) University Housing	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Services		ASCM No. 00098	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address 3 Terri Lane, Suite 4		Street Address 623 Cutler Avenue	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 856-755-0099
			License No. 00842
Start Date (10) 05/22/2026	Scheduled Completion Date (11) 07/10/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Corridors, Lounges, & Stairwells	X			Floor Tile	2,825 SF	X			
3rd Floor Corridors, Lounges, & Stairwells	X			Floor Tile	2,825 SF	X			
4th Floor Corridors, Lounges, & Stairwells	X			Floor Tile	2,825 SF	X			
5th Floor Corridors, Lounges, & Stairwells	X			Floor Tile	2,825 SF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ		Disposal Date 07/10/2026	City, State Morgantown, PA		
Completed by Christina Fay	Title VP of Operations	Signature 	Date 04/22/2026		

Location of Asbestos-Containing Material (ACM) TO BE/ABATED in Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
6th Floor Corridors, Lounges, & Stairwells		X		Floor Tile	2,825 SF	X	
7th Floor Corridors, Lounges, & Stairwells		X		Floor Tile	2,825 SF	X	
8th Floor Corridors, Lounges, & Stairwells		X		Floor Tile	2,825 SF	X	

11185

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

APR 27 2026

Date of Notification (1) 04/10/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1297 Conchecton Turnpike
			City, State, Zip Code Tyler Hill PA 18469
			Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 203 North Fullerton Ave		Square Feet N/A	# of Floors N/A
City (5) Montclair NJ 07042		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private House	

Name of Monitoring Firm Hired by Building Owner (8) Iris Laboratories		ASCM No.	Name of Abatement Contractor (9) Teal Management	
Street Address 2333 US-22		Street Address 24 Morley Drive		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 862-243-1471	License No. 02063

Start Date (10) 04/27/2026	Scheduled Completion Date (11) 04/30/2026	Name of OSHA Monitor Teal Management		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 24 Morley Drive		
		City, State, Zip Code Woodland Park NJ 07424		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	BOILER INSULATION	26 SF	x			

Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 6 CY	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park NJ 07424		Disposal Date 04/30/2026	City, State Morrisville PA		
Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 04/10/2026		

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RECORDED

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

APR 27 2026

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Burlington Avenue							
		City, State, Zip Code Paterson, NJ 07502							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)						
Street Address 50 Burlington Avenue			Square Foot 1,600	# of Floors 2	Bldg. Age 55+				
City (5) Paterson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Passaic		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.		Telephone No. 973-333-9176	License No. 01331				
Start Date (10) 04/27/2026		Scheduled Completion Date (11) 04/27/2026		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am-4:30pm</u>			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement boiler room		X		TSI	28 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill				
City, State Bloomfield, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Blazhe Grozdanov		Title Project Manager		Signature 		Date 04/24/2026			

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

APR 27 2026

Date of Notification (1) 4-21-26		Name of Building Owner/Operator (2) MASE ENTERPRISES							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 552 LEEDS RD		City, State, Zip Code ABSECON N.J. 08201							
Name of Contact ANDY		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 703 N BURLEIGH AVE		Square Feet 1500							
City (5) VENTNOR HEIGHTS		# of Floors 2							
County (6) ATLANTIC		Bldg. Age SD							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) KLEWCO 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) 5-1-26		Scheduled Completion Date (11) 5-10-26							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor N/A							
Street Address		License No. # 01371							
City, State, Zip Code									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	2000 SF	X			
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 4		Name of Registered Landfill ACVIA			
City, State MAPLE SHADE N.J.		Disposal Date		City, State PLEASANTVILLE NJ					
Completed By MICHAEL KLEW		Title PRES		Signature <i>[Signature]</i>		Date 4-21-26			

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

APR 27 2026

Date of Notification (1) 4-21-26		Name of Building Owner/Operator (2) MCLAUGHLIN CONST. MANAGEMENT					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 106 WEST JERSEY AVE					
		City, State, Zip Code SEA ISLE CITY, N.J 08243					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 653 SUNRISE DR		Square Feet 1500	# of Floors 2				
City (5) AVALON		Bldg Age 50+					
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NJ 08052					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 1371				
Start Date (10) 5-2-26	Scheduled Completion Date (11) 5-12-26	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING	Yes No N/A X	TRANSITE	2000 SF	X			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C M C MVA			
City, State MAPLE SHADE N.J 08052		Disposal Date	City, State WOODBINE NJ				
Completed By MICHAEL KLEMM	Title PRES.	Signature <i>[Signature]</i>	Date 4-21-26				

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

ck # 1465

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

APR 27 2026

Date of Notification (1) <u>04</u> / <u>22</u> / <u>26</u>		Name of Building Owner/Operator (2) 	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 129 Lehigh Avenue	
		City, State, Zip Code Newark, NJ	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 129 Lehigh Avenue		Square Feet 2,200	# of Floors 2
City (5) Newark		Bldg. Age 90 yrs.	
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) SafeAir Solutions	
Street Address		Street Address P.O. Box 11	
City, State, Zip Code		City, State, Zip Code Cedar Grove, NJ 07009	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-868-3323	License No. 02115
Start Date (10) <u>04</u> / <u>25</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>29</u> / <u>26</u>	Name of OSHA Monitor Same as above	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u> <input checked="" type="checkbox"/> UNOCCUPIED BASEMENT WORK BY CA		Street Address
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code

- | | |
|--|---|
| <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | <input checked="" type="checkbox"/> Glovebag Procedure |
| | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

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

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date April 2026	City, State Morrisville, PA	
Completed By (Print or Type) James E Unger	Title President	Signature 	Date 4-22-26

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

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

1034

PAID

APR 27 2026

Date of Notification (1) 04/21/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 638 US 9
			City, State, Zip Code Freehold, NJ 07728
			Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) private building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 638 US 9		Square Feet	# of Floors
City (5) Freehold		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) MHM Restoration LLC
Street Address		Street Address 164 Meriline Ave Apt C	
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-386-8433
			License No. 02090
Start Date (10) 04/30/2026	Scheduled Completion Date (11) 05/18/2026	Name of OSHA Monitor MHM Restoration LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 164 Meriline Ave Apt C	
		City, State, Zip Code Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
main roof		*		roofing	3200SF	*			
lower roof		*		roofing	360SF	*			
main roof		*		flashing	240SF	*			
see attached sheet									

Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless	
City, State Woodland Park NJ		Disposal Date TBD	City, State Morrisville PA		
Completed by Mike Hadzic	Title owner	Signature 	Date 04/21/2026		

Facility: private building
638 US 9, Freehold, NJ 07728

Abatement Contractor: MHM Restoration LLC
164 Meriline Ave Apt C, Woodland Park NJ 07424

Location of ACM	Used Solely by Maintenance?	Description of ACM	Amount	Abatement Type
lower roof	No	flashing	84SF	Removal
12 windows 1 st floor	No	caulking	240SF	Removal
basement	No	Tar rope	9LF	Removal
flat roof	No	roofing	300SF	Removal
exterior	No	waterproofing	250SF	Removal
				Date of notification: 04/21/2026

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Print Form

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

Check 3680

APR 28 2026

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2) RC Andersen							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 695 Route 46 - Suite 205							
		City, State, Zip Code Fairfield, NJ 07004							
		Name of Contact Christine Bunner, RC Andersen	Telephone Number (973) 227-8100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial - Marcolin		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3140 Route 22W		Square Feet TBD	# of Floors 1						
City (5) Branchburg, NJ 08876		Bldg. Age 1975							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Group, LLC		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address PO Box 483		Street Address 75 Voorhis Place							
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-583-8500	Telephone No. 201- 466-0166						
Start Date (10) 05/04/2026	Scheduled Completion Date (11) 08/01/2026	License No. 02126							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
South Office Space			X	mastic	7,500 SF	X			
Old Cafeteria sitting Area			X	mastic	2,250 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 08/01/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 04/24/2026			

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

4357410

Check 3677, 3678

APR 28 2026

Date of Notification (1) 04/21/2026		Name of Building Owner/Operator (2) FLIGHT SERV, LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 601 Jack Stephan Way							
			City, State, Zip Code Ewing Township, NJ 08628							
		Name of Contact Joseph DiDonato, Airport Maintenance		Telephone Number (609) 358-2819						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 601 Jack Stephan Way										
City (5) Ewing Township, NJ 08628			Square Feet TBD	# of Floors 2	Bldg. Age 1960					
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) VHB		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address 1805 Atlantic Ave			Street Address 75 Voorhis Place							
City, State, Zip Code Manasquan, NJ 08736			City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm Chris Glowacki, CIH, CIEC		Telephone No. 848-448-3126	Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 04/30/2026		Scheduled Completion Date (11) 05/28/2026		Name of OSHA Monitor Willy Aviles						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 333 John St							
			City, State, Zip Code Elizabeth, NJ 07202							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure						
				<input type="checkbox"/> Glovebag Procedure						
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
North side of Hangar 1st & 2nd Fl			x	carpet & mastic w/9x9 floor tile	4,000 SF	x				
South side of Hangar 2nd Fl Office			x	carpet & mastic on concrete	3,250 SF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 05/28/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 04/21/2026					

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

Check 3679

APR 28 2026

Date of Notification (1)
04/24/2026

Name of Building Owner/Operator (2)

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
708 Colford Ave

City, State, Zip Code
Collingswood, NJ 08107

Name of Contact _____ Telephone Number _____

FACILITY INFORMATION

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

Street Address
708 Colford Ave

City (5)
Collingswood, NJ 08107

County (6)
Camden

County Code (7)
(STATE USE ONLY) _____

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

Square Feet
1,936

of Floors
1

Bldg. Age
1920

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) _____ ASCM No. _____

Street Address _____

City, State, Zip Code _____

Name of Abatement Contractor (9)
VEL Construction, LLC

Street Address
75 Voorhis Place

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)
04/27/2026

Scheduled Completion Date (11)
05/04/2026

Name of OSHA Monitor _____

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

Street Address _____

City, State, Zip Code _____

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	pipe insulation	100 LF	X			
Crawlspace			X	pipe insulation	20 LF	X			

Name of Registered Waste Hauler
Century Waste Services

NJDEP Waste Hauler ID No.
32797

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Elizabeth, NJ

Disposal Date
05/04/2026

City, State
Pen Argyl, PA

Completed by
Lubica Perez

Title
Owner

Signature
Lubica Perez

Date
04/24/2026

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

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

4355069

NO
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Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) Sterling Properties		APR 29 2026	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended		50 E Mt Pleasant Avenue	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment # _____	<input type="checkbox"/> Emergency (including justification)		City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact		Telephone Number	
<input checked="" type="checkbox"/> DOH		Rob Wyder		908-797-8748	
<input checked="" type="checkbox"/> DCA					

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Chase Bank			Type of Facility (4)		
Street Address 22-01 Fair Lawn Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Fair Lawn			Square Feet	# of Floors	Bldg. Age
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC	
Street Address		Street Address 41 Madison Avenue		
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381	License No. 02008

Start Date (10) 4/13/2026	Scheduled Completion Date (11) 5/13/2026	Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 41 Madison Avenue	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check All That Apply)

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


Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	Joint Compound	2,416SF	X			
2nd Floor Boiler Room			X	Duct Insulation	210SF	X			
2nd Floor			X	Floor Tile	980SF	X			
1st Floor			X	Floor Tile	2,852SF	X			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Sonja Dimovska		Title Owner	Signature <i>S. Dimovska</i>		Date 04/27/2026

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

Date of Notification (1) 4/27/26		Name of Building Owner/Operator (2) City of Atlantic City		APR 29 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1301 Bacharach Blvd.		Telephone Number 609-347-5660					
			City, State, Zip Code Atlantic City NJ 08401							
Name of Facility Where Abatement is Taking Place (3) Vacant Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 106 Albion Place			Square Feet 1400+	# of Floors 2	Bldg. Age 35+					
City (5) Atlantic City NJ 08401		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House						
County (6) Atlantic		Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No. _____						
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 167			Street Address PO Box 329							
City, State, Zip Code Hammonton, NJ, 08037			City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312		Telephone No. 856-753-9800						
Start Date (10) 5/11/26		Scheduled Completion Date (11) 5/15/26		License No. 00727						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same								
		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure						
				<input checked="" type="checkbox"/> Glovebag Procedure						
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor Rooms 4 & 5			x	Wrap & Cut Pipe Insulation	36 LF	x				
Bathrooms			x	Mirror Glue Dots	32 SF	x				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 2		Name of Registered Landfill Atlantic County MUA				
City, State West Berlin, NJ, 08091				Disposal Date 5/15/26		City, State Egg Harbor Township NJ 08234				
Completed by Anthony T Perna			Title President		Signature 		Date 4/27/26			

10515

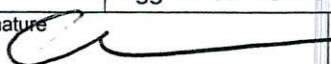
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Print Form

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

APR 29 2026

Date of Notification (1) 4/27/26		Name of Building Owner/Operator (2) City of Atlantic City							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 Bacharach Blvd.							
		City, State, Zip Code Atlantic City NJ 08401							
		Name of Contact Anthony R. Cox	Telephone Number 609-347-5660						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 108 Albion Place		Square Feet 1400+	# of Floors 2						
City (5) Atlantic City NJ 08401		Bldg. Age 35+							
County (6) Atlantic	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) 5/11/26	Scheduled Completion Date (11) 5/15/26	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	2,100	x			
Living Room Fire Place			x	Transite Panel	1 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill Atlantic County MUA					
City, State West Berlin, NJ, 08091			Disposal Date 5/15/26	City, State Egg Harbor Township NJ 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 4/27/26			

6406 CK#6406

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

APR 29 2026

Date of Notification (1) 4-25-26		Name of Building Owner/Operator (2) CLARKE EDWARD DEVELOPMENT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 E 9th ST 3rd FLOOR
	Name of Contact: _____		Telephone Number: _____
City, State, Zip Code OCEAN CITY N.J. 08226			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 326 E SCARBRIGHT RD		Square Feet: 1500	# of Floors 2
City (5) OCEAN CITY		Bldg Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC
Street Address		Street Address 369 S. SPRUCE AVE
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NJ 08052
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472
		License No. 1371

Start Date (10) 5-5-26	Scheduled Completion Date (11) 5-15-26	Name of OSHA Monitor N/A
----------------------------------	--	------------------------------------

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)

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

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

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

Completed By MICHAEL KLEMM	Title PRES.	Signature <i>[Signature]</i>	Date 4-25-26
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* Do not use this form for asbestos licensure exempted activities

6406 CK # 6406

PAID

RECORDED

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

APR 29 2026

Date of Notification (1) 4-25-26		Name of Building Owner/Operator (2) BOB HOME REPAIR								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. BOX 322								
		City, State, Zip Code BRIGANTINE N.J 08203								
		Name of Contact BOB	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address 504 1ST ST		Square Feet 1000	# of Floors 2							
City (5) OCEAN CITY		Bldg Age 50+								
County (6) CAPE MAY	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC								
Street Address		Street Address 369 S. SPRUCE ALE								
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 01371							
Start Date (10) 5-5-26	Scheduled Completion Date (11) 5-15-26	Name of OSHA Monitor N/A								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
SIDING			X	TRANSITE	1250 SF	X				
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C M C M U A						
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE NJ							
Completed By MICHAEL KLEMM	Title PRES	Signature MICHAEL KLEMM	Date 4-25-26							

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

Emergency
10517

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

4356673

APR 29 2026
ck 10517

Date of Notification (1) 4/27/26		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 528 Bancroft Rd								
		City, State, Zip Code Cherry Hill, NJ, 08034								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 528 Bancroft Rd		Square Feet 1500+	# of Floors 2							
City (5) Cherry Hill, NJ, 08034		Bldg. Age 35+								
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) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 167		Street Address PO Box 329								
City, State, Zip Code Hammonton, NJ, 08037		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. (609)-685-9984	License No. 00727							
Start Date (10) 4/28/26	Scheduled Completion Date (11) 4/30/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Home owner occupied</u>		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen			X	Floor Tile	140 SF	X				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills						
City, State West Berlin, NJ, 08091		Disposal Date 4/30/26		City, State Morrisville, PA, 19067						
Completed by Anthony T Perna		Title President		Signature 				Date 4/27/26		

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

1392

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

4357675

APR 29 2026

Date of Notification (1)
04/27/2026

Name of Building Owner/Operator (2)
I

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
10 BAILA BLVD

City, State, Zip Code
LAKEWOOD, NJ 08701

Name of Contact
ING

Telephone Number

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

Street Address
460 MANETTA AVE

City (5)
LAKEWOOD

County (6)
OCEAN

County Code (7)
(STATE USE ONLY)

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

Square Feet
2000

of Floors
2

Bldg. Age
+50

Current Use (Prior if being demolished)
RESIDENTIAL HOUSE

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Street Address
Telephone No.

Name of Abatement Contractor (9)
MALCO ENVIRONMENTAL LLC

Street Address
24 LINCOLN AVE W

City, State, Zip Code
CRANFORD, NJ 07016

Project Manager for Monitoring Firm
Telephone No.

Start Date (10)
05/06/2026

Scheduled Completion Date (11)
05/08/2026

Telephone No.
5133487

License No.
02113

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

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
EXTERIOR		X		SIDING	2500SF	X			

Name of Registered Waste Hauler
CENTURY WASTE

City, State
623 DOWD AVE ELIZABETH, NJ 07201

NJDEP Waste Hauler ID No.
32797

Cubic Yards of Waste

Name of Registered Landfill
United States

City, State
MORRISVILLE, PA

Disposal Date

Completed by
JENNIFER GOMES

Title
PRESIDENT

Signature

Date
4/27/2026

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

11010

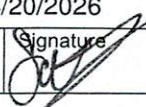
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Print Form

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

RECEIVED


Date of Notification (1) 04/02/2026		Name of Building Owner/Operator (2) City of Brigantine		APR 29 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1417 W. Brigantine Avenue		Telephone Number 609-266-7600 x 217				
			City, State, Zip Code Brigantine, NJ 08203						
		Name of Contact Ed Stinson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brigantine City Hall Complex			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1417 W. Brigantine Avenue									
City (5) Brigantine			Square Feet 50,000	# of Floors 2	Bldg. Age 75				
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) City Hall					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 344 W. State Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm John Duggan		Telephone No. 609-656-8101		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 04/14/2026		Scheduled Completion Date (11) 04/20/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Police & Fire Boiler Room	X			White Boiler Rib Seams Rope/Insulation	10 SF	X			
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426		Cubic Yards of Waste 1	Name of Registered Landfill Atlantic County Landfill				
City, State Maple Shade, NJ				Disposal Date 04/20/2026		City, State Egg Harbor Township, NJ			
Completed by Samantha Brown			Title Operations Coordinator		Signature 		Date 04/02/2026		

10519

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

4357671
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Date of Notification (1) 4/28/26		Name of Building Owner/Operator (2) APR 30 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 31 Andrew Dr City, State, Zip Code Manahawkin NJ 08050 Name of Contact Telephone Number						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Street Address 31 Andrew Dr City (5) Manahawkin NJ 08050		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1500+ # of Floors 1 Bldg. Age 50+						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) None							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____ Name of Abatement Contractor (9) Pernaco Inc.							
Street Address City, State, Zip Code		Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Telephone No.		Telephone No. 856-753-9800 License No. 00727							
Start Date (10) 5/7/26		Scheduled Completion Date (11) 5/13/26							
Name of OSHA Monitor Same		Street Address City, State, Zip Code							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>			Removal <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>	Enclosure <input type="checkbox"/>
Exterior Siding			x	Exterior Siding	1200 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Hills			
City, State Elm NJ		Disposal Date 5/13/26		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 4/28/26			

11063

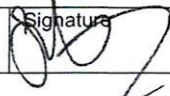
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

APR 30 2026

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) Rutgers University Health & Safety Office								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 74 Street 1603, Building 4116								
		City, State, Zip Code Piscataway, NJ 08854								
		Name of Contact Michael F. Smith, HSS	Telephone Number 848-445-2550							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Rutgers University New Gibbons Residence Hall #8410 & #8411		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 91 Gibbons Circle		Square Feet 50,000	# of Floors 4							
City (5) New Brunswick		Bldg. Age 60+								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) University Housing								
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Services		ASCM No. 00098	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 3 Terri Lane, Suite 4		Street Address 623 Cutler Avenue								
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	License No. 00842							
Start Date (10) 05/22/2026	Scheduled Completion Date (11) 06/26/2026	Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 8410 2nd Floor		X		Floor Tile	3,080 SF	X				
Building 8410 3rd Floor		X		Floor Tile	3,080 SF	X				
Building 8411 2nd Floor		X		Floor Tile	3,080 SF	X				
Building 8411 3rd Floor		X		Floor Tile	3,080 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 80	Name of Registered Landfill Conestoga Landfill						
City, State Freehold, NJ		Disposal Date 06/26/2026		City, State Morgantown, PA						
Completed by Samantha Brown		Title Operations Coordinator		Signature 			Date 04/27/2026			

11068

PAID

4357680

Print Form

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

APR 30 2026

Date of Notification (1)
04/27/2026

Name of Building Owner/Operator (2)

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
1404 Cinnaminson Avenue

City, State, Zip Code
Cinnaminson, NJ 08077

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
1404 Cinnaminson Avenue

City (5)
Cinnaminson

County (6)
Burlington

County Code (7) (STATE USE ONLY)

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

Square Feet
1,322

of Floors
2

Bldg. Age
66

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
Management & Environmental Consulting Serv

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Telephone No.
609-298-4070

Telephone No.
856-755-0099

License No.
00842

Project Manager for Monitoring Firm
Nora Pearse

Start Date (10)
05/14/2026

Scheduled Completion Date (11)
05/19/2026

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

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	453 SF	X			

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
4

Name of Registered Landfill
Conestoga Landfill

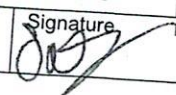
City, State
Freehold, NJ

Disposal Date
05/19/2026

City, State
Morgantown, PA

Completed by
Samantha Brown

Title
Operations Coordinator

Signature


Date
04/27/2026

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

1364

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

4357685

Print Form

RECEIVED

APR 30 2026

Date of Notification (1)
4/20/2026

Name of Building Owner/Operator (2)
128 RIVER STREET, LLC

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
358 CLINTON AVE.

City, State, Zip Code
WYCKOFF NJ. 07481

Name of Contact
Grazyna Ziarko

Telephone Number
201.218.8504

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

Street Address
358 Clinton Ave,

City (5)
Wyckoff, NJ 07481

County (6)
Bergen

County Code (7)
(STATE USE ONLY)

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

Square Feet
1,600. SF.

of Floors
2

Bldg. Age
126

Current Use (Prior if being demolished)
YES

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

ASCM No.

Name of Abatement Contractor (9)
NORTH EAST ENVIRONMENTAL LLC.

Street Address
52 FIELD ROAD,

City, State, Zip Code
CLIFTON NJ. 07013

Project Manager for Monitoring Firm
N/A

Telephone No.

Telephone No.
201-776-0642

License No.
01300

Start Date (10)
4/29/2026

Scheduled Completion Date (11)
4/30/2026

Name of OSHA Monitor
HILLMANN CONSULTING LAB SERVICES

Street Address
1605 Vauxhall Rd,

City, State, Zip Code
Union, NJ 07083

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

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		TRANSITE SIDING	1,200. SF.	X			

Name of Registered Waste Hauler
TRI-STATE TRANSFER

NJDEP Waste Hauler ID No.
19954

Cubic Yards of Waste
TBD

Name of Registered Landfill
MINERVA ENTERPRISE INC

City, State
BRONX, NY.

Disposal Date
TBD

City, State
WAYNESBURG, OHIO.

Completed by
CARLOS ESQUIVEL

Title
SAFETY MANAGER

Signature

Date
4/20/2026

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

17904

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

PAID

Date of Notification (1) 4 / 23 / 26		Name of Building Owner/Operator (2) PSEG / Job #2604-6569		RECEIVED Check # 17904
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road		
		City, State, Zip Code South Plainfield, NJ		
		Name of Contact Anthony Gismondi		Telephone Number 856-371-5149

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSEG Port St. Substation Control House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 245 Port Street		Square Feet	# of Floors
City (5) Newark		Bldg. Age	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Control House	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	License No. 00529
Start Date (10) 4 / 29 / 26	Scheduled Completion Date (11) 5 / 8 / 26	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 9000 Commerce Pkwy. Suite B	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Control House Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Floor Panel Cover	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See attached	See attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State Flanders, NJ		Disposal Date 5/8/26		City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>gmt</i>		Date 4-23-24	

TABLE 2
 SUMMARY OF ASBESTOS CONTAINING MATERIALS
 PSEG PORT NEWARK SUBSTATION CONTROL HOUSE
 245 PORT STREET, NEWARK, NEW JERSEY
 MATRIX PROJECT NO. 20-098-130

Homogenous Area	Material Description	Locations	Friability	Condition	Approximate Quantity	Notes
Asbestos-Containing Materials						
05	Transite Floor Panel Cover	Control House Interior	Friable*	Good	60 SF	The panels are located in the northern section of the building, covering the trough, and also on the west side near the electrical panels. Also covered with PCB regulated paint.
420-01	Ebony Board Panel Backing	Control House Interior West Wall within Green Electrical Cabinet	Friable*	Good	6 SF	All grey transite and black electrical backings are to be considered ACM. Green electrical cabinet along the west wall.
420-02	Transite Arc Shields to Electrical Equipment	Control House Interior West Wall within Green Electrical Cabinet	Friable*	Good	6 SF	
420-03	Braided Wiring to Control Corporation Panel	Control House Interior South Wall	Non-Friable	Good	~25 LF	Located within "Control Corporation" panel along south wall. Blue wiring to lights.
420-05	Multi-Layered Roofing Composite and Roof Flashing	Control House Roof Roof	Non-Friable	Good	275 SF	Entire Roof should be considered ACM.
<p>NOTES: LF = Linear Feet SF = Square Feet * Noted as friable (PLM analysis) but may be abated utilizing non-friable methods (i.e. intact removal)</p>						

1549

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

RECEIVED

Date of Notification (1) 04/15/2026		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		20 Sampson St					
				City, State, Zip Code Saddle Brook NJ, 07663					
				Name of Contact					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house				Type of Facility (4)					
Street Address 20 Sampson St				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Saddle Brook NJ, 07663				Square Feet N/A	# of Floors N/A				
County (6) Bergen				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					
City, State, Zip Code				City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. 02097				
Start Date (10) 04/15/2026		Scheduled Completion Date (11) 04/18/2026		Name of OSHA Monitor D&S Abatement Company LLC					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>				329 Parish Dr					
				City, State, Zip Code					
				Wayne, NJ 07470					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor		X		VAT	550	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 04/15/2026	

50308

4330419

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

PAID

RECEIVED
 50308
 MAY 11 2026

Date of Notification (1) 05 / 04 / 26		Name of Building Owner/Operator (2) Township of Toms River	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Washington Street	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 554 Clifton Avenue		Square Feet N/A	# of Floors 100
City (5) Toms River		Bldg. Age 100	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Pennoni	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 130 West 29th Street, 11th Floor		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code New York, NY 10001		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Ralph Coppola	Telephone No.	Telephone No. 732-349-9932	License No. 00624

Start Date (10) 05 / 06 / 26	Scheduled Completion Date (11) 05 / 29 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1000	Name of Registered Landfill Fairless Landfill
City, State Morrisville, PA	Disposal Date 05/29/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/4/26

13655

PAID

4357585

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

B & G Project # 2026-58 A

Check #

13655

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2) 777 West Park Avenue LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Woodbridge Center Drive, Suite 301	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact	

APR 28 2026

ARRESTED LICENSURE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) residential structure		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 10 Kirkpatrick Street		Square Feet	# of Floors
City (5) New Brunswick, NJ 07901		Bldg. Age	

County (6) Middlesex	County Code (7) STATE USE ONLY	Current Use (Prior if being demolished) residential structure
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Name of Monitoring Firm (8)	ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address	Street Address 1234 Route 23		
City, State, Zip Code	City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-696-6869	License No. 00378

Start Date (10) 05/04/2026	Scheduled Completion Date (11) 05/09/2026	Name of OSHA Monitor B & G Restoration, Inc.
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	Street Address 1234 Route 23
	City, State, Zip Code Butler, NJ 07405

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout the building			X	VAT & mastic	205 SF	X			
throughout the building			X	Wall panel adhesive & sink undercoat	1,000 SF & 2 SF	X			
throughout the building			X	joint compound	200 SF	X			
exterior			X	metal roof coating	300 SF				

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill
---	------------------------------------	----------------------------	--

City, State Butler, NJ	Disposal Date 05/09/2026	City, State Morrisville, PA
---------------------------	-----------------------------	--------------------------------

Completed by Gordana Luna	Title Secretary / Treasurer	Signature Gordana Luna	Date 04/24/2026
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* Do not use this form for asbestos licensure exempted activities.

13659

PAID

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

B & G Project # 2026-52

Check # 13659

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2) <i>[Signature]</i>								
Agencies Notified	Type Notification	Street Address 90 Stonehouse Road								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ 07028								
		Name of Contact	Telephone Number <i>[Signature]</i>							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 90 Stonehouse Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Glen Ridge, NJ 07028		Square Feet	# of Floors Bldg. Age							
County (6) Essex	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) residential								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378							
Start Date (10) 05/06/2026	Scheduled Completion Date (11) 05/07/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1234 Route 23								
		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
boiler room / laundry room			X	pipe insulation	38 LF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 05/07/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date 04/24/2026			

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

1812



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

45555 16

Print Form
2016 26-538

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1812

Date of Notification (1) 4/20/2026		Name of Building Owner/Operator (2) Private property		APR 27 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3812 Bergen Turnpike							
		City, State, Zip Code Union City NJ		ASBESTOS CONTROL & LICENSING							
		Name of Contact		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Private Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 3812 Bergen Turnpike			Square Feet 2000 SF	# of Floors 2 floor	Bldg. Age +50						
City (5) Union City NJ			Current Use (Prior if being demolished)								
County (6) Hudson County		County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC								
Street Address N/A		Street Address 1435 51st Street									
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047									
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 4/13/2026	Scheduled Completion Date (11) 4/12 /2026		Name of OSHA Monitor Hillman Consulting								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM			Street Address 1620 Route 22 East								
			City, State, Zip Code Union NJ 07803								
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure							
				<input type="checkbox"/> Glovebag Procedure							
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Exterior House				Transite shingles		2500 SF		x			
Garage				Main roof		900 SF		x			
House Lower Roof				lower roof		450 SF		x			
Retail Store				roof		750 SF		x			
Name of Registered Waste Hauler Rovic transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste		Name of Registered Landfill Blythe Township Landfill					
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date		City, State 1061 Burma Rd New Philadelphia NJ							
Completed by Galo Zumba		Title Principal		Signature 			Date 6/27/2026				

13654

B & G Project # 2026-51

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

Check # 13654 **RECEIVED**

Date of Notification (1) 04/23/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	APR 27 2020
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>resume</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	25A Zabriskie Street City, State, Zip Code Jersey City, NJ 07307	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 25A Zabriskie Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City, NJ 07307		Square Feet	# of Floors
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 04/24/2026		Scheduled Completion Date (11) 05/08/2026	
Name of OSHA Monitor B & G Restoration, Inc.		Street Address 1234 Route 23	
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Butler, NJ 07405	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			
Scope of Work (Check All That Apply)		<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	ceiling plaster	375 SF	X			
1st floor kitchen			X	wall & ceiling plaster	610 SF	X			
2nd floor guest bedroom			X	VAT with tar paper	110 SF	X			
2nd floor hallway			X	VAT with tar paper	78 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 13	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 05/01/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 04/23/2026

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

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8427

APR 27 2026

Date of Notification (1) 04/21/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1018 WOODMERE DR	
		City, State, Zip Code KEYPORT NJ 07735	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1018 WOODMERE DR		Square Feet	# of Floors
City (5) Keyport		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals
Street Address		Street Address 6 White Dove Court	
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701	
Project Manager for Monitoring Firm		Telephone No.	License No. 1200
Start Date (10) 05/07/2026	Scheduled Completion Date (11) 05/07/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court	
		City, State, Zip Code Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Vermiculite	700 SF	<input checked="" type="checkbox"/>			
Interior				Pipe Insulation	15 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 05/07/2026	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 	Date 04/21/2026	

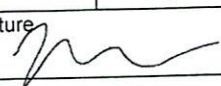
2119

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

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APR 27 2026

Date of Notification (1) 4/23/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 124 Walker Road								
		City, State, Zip Code West Orange, NJ								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 124 Walker road		Square Feet unknown	# of Floors 2							
City (5) West Orange		Bldg. Age unknown								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) TBD	ASCM No.	Name of Abatement Contractor (9) Gold Coast Management LLC								
Street Address		Street Address 30 Sherman Ave								
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307								
Project Manager for Monitoring Firm TBD	Telephone No.	Telephone No. 908-270-8556	License No. 02109							
Start Date (10) 5/6/2026	Scheduled Completion Date (11) 5/7/2026	Name of OSHA Monitor John Kim								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave								
		City, State, Zip Code Glen Ridge NJ 07028								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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	TSI	100 LF	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		

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

50283

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

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50283

Date of Notification (1) 04 / 23 / 26		Name of Building Owner/Operator (2) Disantis Contracting, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 313 Halyard Road	
		City, State, Zip Code Ortley Beach, NJ 08751	
		Name of Contact	Telephone Number

APR 27 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1841 Starboard Court		Square Feet 1500	# of Floors 1
City (5) Toms River		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) 05 / 04 / 26	Scheduled Completion Date (11) 05 / 06 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 05/06/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 4/23/26

50288



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

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50288
APR 27 2026

Date of Notification (1) <u>04</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) Potts Excavating, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 316 Main Street	
		City, State, Zip Code West Creek, NJ 08092	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 126 E. 22nd Street		Square Feet 1200	# of Floors 1
City (5) Long Beach Twp.		Bldg. Age 80	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>05</u> / <u>05</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>07</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey	Disposal Date 05/07/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 4/29/24

425

ck 425



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

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APR 24 2026

BESTERS CONTROL & MAINTENANCE

Date of Notification (1) 4/15/26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 245 Winding Way	
		City, State, Zip Code Stratford, NJ 08084	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 345 Landing Way		Square Feet 1800sf	# of Floors 1 floor
City (s) Stratford, NJ 08084		Bldg. Age 45	
County (6) Camden	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AEi2, LLC	
Street Address		Street Address PO Box 499	
City, State, Zip Code		City, State, Zip Code Hammonton, NJ 08037	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-481-2122	License No. 00689

Start Date (10) 4/24/26	Scheduled Completion Date (11) 4/27/26	Name of OSHA Monitor AEi2, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 499	
		City, State, Zip Code Hammonton, NJ 08037	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Basement			X	Duct Insulation	90 LF	X			
First Floor Closet				Duct Insulation	2 LF	X			

Name of Registered Waste Hauler AEi2	NJDEP Waste Hauler ID No. 21376	Cubic Yards of Waste 2	Name of Registered Landfill TBD
City, State Hammonton, NJ		Disposal Date TBD	City, State TBD
Completed By Wm. Minnick	Title Program Mgr.	Signature 	Date 4/15/26

ASB-41

Do not use this form for asbestos licensure(exempted activities).

426

OK 426

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

RECEIVED

Date of Notification (1) 4/15/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justicator) <input type="checkbox"/> Cancellation	
Street Address 1005 E. Pine Street		City, State, Zip Code Millville, NJ 08332	
Name of Contact		Telephone Number	

APR 24 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)	
Street Address 202 W. Park Ave		Square Feet 2300 sf	# of Floors 2
City (s) Vineland		Bldg. Age 85 yrs	
County (6) Cumberland	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) AEi2, LLC	
Street Address		Street Address PO Box 499	
City, State, Zip Code		City, State, Zip Code Hammonton, NJ 08037	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-481-2122	License No. 00689
Start Date (10) 3/24/26	Scheduled Completion Date (11) 4/21/26	Name of OSHA Monitor AEi2, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 499	
		City, State, Zip Code Hammonton, NJ 08037	

Scope of Work (Check all that apply)

>3 sf or >3 lf
 >160 sf or >260 lf

Renovation Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Siding			X	Transite	2300 sf	X			

Name of Registered Waste Hauler TBD	NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 20	Name of Registered Landfill TBD
City, State TBD, NJ	Disposal Date TBD	City, State TBD	
Completed By Wm. Minnick	Title Program Mgr.	Signature 	Date 4/15/26

1272

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

Check# 1272

RECEIVED

Date of Notification (1) 04/22/2026 Name of Building Owner/Operator (2) _____

Agencies Notified	Type Notification	Street Address
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	9 Irwin Park City, State, Zip Code Montclair, NJ 07042
		Name of Contact _____ Telephone Number _____

APR 24 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 9 Irwin Park	Square Feet _____ # of Floors _____ Bldg. Age _____
City (5) Montclair, NJ 07042	County Code (7) (STATE USE ONLY) _____
County (6) Essex	Current Use (Prior if being demolished) _____

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

Start Date (10) 05/03/2026	Scheduled Completion Date (11) 05/04/2026	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg.# 35 E
		City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA
Completed by G.Ristanovic	Title Owner	Signature Gradimir Ristanovic	Date 04/22/2026

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

Chk # 1919
RECEIVED

1919

Date of Notification (1) 4/22/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 337 Delaware Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 337 Delaware Ave.		Square Feet 1,200	# of Floors 2
City (5) Union, NJ 07083		Bldg. Age 1939	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC
Street Address		Street Address 240 South 5th St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-906-4123	License No. 01355
Start Date (10) 5/2/2026	Scheduled Completion Date (11) 5/5/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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 Laundry Area			X	VAT	140 SF	X			

Name of Registered Waste Hauler Danvic Contracting LLC	NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Jeymy Donneys	Title Owner	Signature <i>Jeymy Donneys</i>	Date 4/22/2026

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

104730



PAID

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

Print Form

RECEIVED

APR 28 2026

Date of Notification (1) 04-20-26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Joseph St.	
		City, State, Zip Code Manalapan, NJ 07726	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 573-575 Third Ave.		Square Feet	# of Floors 2
City (5) Elizabeth		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) 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) 05-01-26	Scheduled Completion Date (11) 05-05-26	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand	
		City, State, Zip Code Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Elizabeth, NJ		Disposal Date 05-04-26	City, State Tullytown, PA
Completed by Jaime Delgado	Title Proj. Manager.	Signature <i>Jaime Delgado</i>	Date 04-20-26

1921



PAID

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

RECEIVED
 Chk # 1921

Date of Notification (1) 4/23/2026		Name of Building Owner/Operator (2) APR 28 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Roger Rd.								
		City, State, Zip Code Edison, NJ 08817								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 9 Roger Rd.		Square Feet 1,024	# of Floors 1							
City (5) Edison, NJ 08817		Bldg. Age 1952								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Property								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 5/3/2026	Scheduled Completion Date (11) 5/6/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West								
		City, State, Zip Code Union, NJ 07083								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding - Gable Ends			X	Transite Siding	200 SF	X				
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>				Date 4/23/2026			

1920

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

Chk # 1920

Date of Notification (1) 4/22/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 917 Fernwood Ave.	
		City, State, Zip Code Plainfield, NJ 07062	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 917 Fernwood Ave.		Square Feet 1,262	# of Floors 2
City (5) Plainfield, NJ 07062		Bldg. Age 1951	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

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

Start Date (10) 5/2/2026	Scheduled Completion Date (11) 5/5/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace			X	Ductwork Insulation	150 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 Donnays	Title Owner	Signature <i>Jeymy Donnays</i>	Date 4/22/2026	

1275

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

Check# 1275

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 East 12th Street City, State, Zip Code Paterson, NJ 07524 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 31 East 12th Street City (5) Paterson, NJ 07524 County (6) Passaic		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Road#283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-356-3511 License No. 01127							
Start Date (10) 05/06/2026 Scheduled Completion Date (11) 05/07/2026		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	40 LF	x			
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner	Signature <i>Gradimir Ristanovic</i>			Date 04/27/2026			

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

11958



PAID

State of New Jersey

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

Check # 11958 RECEIVED

Print Form

Date of Notification (1) April 23, 2026		Name of Building Owner/Operator (2) APR 29 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 West Euclid Avenue								
		City, State, Zip Code Haddonfield, NJ 08033								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 25 West Euclid Avenue		Square Feet	# of Floors 2							
City (5) Haddonfield, NJ 08033		Bldg. Age 100+-								
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC							
Street Address P.O. BOX 337		Street Address P.O. BOX 337								
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533								
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	License No. 00394							
Start Date (10) MAY 4, 2026	Scheduled Completion Date (11) MAY 5, 2026	Name of OSHA Monitor EPC TECHNOLOGIES, INC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. BOX 337								
		City, State, Zip Code NEW EGYPT, NJ 08533								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	(XX)			PAPER WRAPPED DUCT	3 LF	XXX				
2ND FLOOR BACK BEDROOM		XXX		9X9 FLOOR TILES	120 SF	XXX				
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 5/5/26	City, State MORRISVILLE, PA							
Completed by STEVE SCHENKER		Title PRESIDENT	Signature <i>Steve Schenker</i>				Date 4/23/26			

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

10309

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

RECEIVED

Date of Notification (1) 05 / 04 / 26		Name of Building Owner/Operator (2) Jacobs Demolition		<i>MAY 10 3 00 PM '09</i>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9		City, State, Zip Code Manasquan, NJ 08736					
		Name of Contact		Telephone Number					
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Street Address 232 Center Street					
City (5) Tuckerton		Square Feet 2000	# of Floors 2	Bldg. Age 80					
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932	License No. 00624					
Start Date (10) 05 / 14 / 26	Scheduled Completion Date (11) 05 / 18 / 26		Name of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill.				
City, State Toms River, New Jersey		Disposal Date 05/18/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>[Signature]</i>		Date 5/4/26			

50313

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

RECEIVED

Date of Notification (1) <u>05</u> / <u>04</u> / <u>26</u>		Name of Building Owner/Operator (2) Kawan, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Auer Court, Suite E	
		City, State, Zip Code East Brunswick, NJ 08816	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 67 Sheridan Avenue		Square Feet 1400	# of Floors 1
City (5) Seaside Heights		Bldg. Age 60	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

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

Start Date (10) <u>05</u> / <u>15</u> / <u>26</u>	Scheduled Completion Date (11) <u>05</u> / <u>22</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

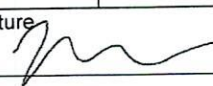
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

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

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 05/22/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/4/26

4/26

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

Date of Notification (1) 5/2/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 166 Christopher St MAY - 6 2026							
		City, State, Zip Code Montclair NJ							
		Name of Contact ASBESTOS LICENSING Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 166 Christopher St		Square Feet unknown	# of Floors 2						
City (5) Montclair		Bldg. Age unknown							
County (6) Essex	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) 5/13/2026	Scheduled Completion Date (11) 5/14/2026	Name of OSHA Monitor John Kim							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave							
		City, State, Zip Code Glen Ridge NJ 07028							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	40 LF	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		

220

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

Check# 1280

Date of Notification (1) 05/04/2026		Name of Building Owner/Operator (2) PAID		RECEIVED						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 24 Woodland Road City, State, Zip Code Madison, NJ 07940 Name of Contact Telephone Number DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 24 Woodland Road			Square Feet	# of Floors	Bldg. Age					
City (5) Madison, NJ 07940			Current Use (Prior if being demolished)							
County (6) Morris		County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Road#283								
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-356-3511	License No. 01127						
Start Date (10) 05/13/2026		Scheduled Completion Date (11) 05/14/2026		Name of OSHA Monitor Envirovision Consultants, Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 20-21 Wagaraw Road, Bldg.# 35 E							
			City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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 insulation	90 SF	x				
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470				Disposal Date TBD	City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner		Signature <i>Gradimir Ristanovic</i>			Date 05/04/2026			

5-185 #585

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

PAID

RECEIVED

Date of Notification (1) 04/30/2026		Name of Building Owner (2) [Redacted]	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1918 INGALLS AVE	
		City, State, Zip Code LINDEN NJ 07036	
		Name of Contact _____ Telephone Number _____	

MAY - 7 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 1918 INGALLS AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) LINDEN		Square Feet 1191	# of Floors 2	Bldg. Age 1952
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Abated LLC Street Address 100-128 Union St, Suite 65 City, State, Zip Code Elizabeth NJ 07202	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 908-372-8375	License No. 02019	
Start Date (10) 05/18/2026	Scheduled Completion Date (11) 05/23/2026		Name of OSHA Monitor Ryan Passos	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 100-128 Union St, Suite 65 City, State, Zip Code Elizabeth NJ 07202		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI Asbestos Insulation x 9x9 Asbestos floor Tile	Approx 35LF x 90SF	X			

Name of Registered Waste Hauler Abated LLC		NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Hills (W-M)	
City, State Elizabeth NJ		Disposal Date 05/22/2026		City, State Morrisville PA	
Completed by Ryan J Passos		Title President	Signature 		Date 04/30/2026

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

12029

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

CL# 12029

RECEIVED

Date of Notification (1) 5/04/2026		Name of Building Owner/Operator (2) 100 Anchorage Point, LLC	
Agencies Notified		Street Address 414 W. New York Ave.	
Type Notification		City, State, Zip Code Somers Point, NJ 08244	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Name of Contact _____ Telephone Number _____	

MAY - 7 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4)	
Street Address 103 Anchorage Dr.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Egg Harbor Twp.,		Square Feet 1428	# of Floors 1
County (6) Atlantic		Current Use (Prior if being demolished) Unoccupied	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) American Demolition Corp.
Street Address		Street Address 2 English Lane	
City, State, Zip Code		City, State, Zip Code Egg Harbor Twp., NJ 08234	
Project Manager for Monitoring Firm		Telephone No. 609-926-7373	License No. 02056
Start Date (10) 5/13/2026	Scheduled Completion Date (11) 5/30/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

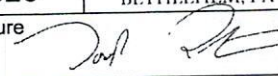
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

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

Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA	
City, State Egg Harbor Twp., NJ		Disposal Date TBD		City, State Pleasantville	
Completed by Jannie Truehart		Title Project Manager		Signature <i>Jannie Truehart</i>	Date 5/4/2026

8464

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

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2) Sampson Holdings							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 211 Sampson Ave						
	City, State, Zip Code Seaside Heights 08751		Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 211 Sampson Ave		Square Feet _____ # of Floors _____ Bldg. Age _____	City (5) Seaside Heights						
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) 05/12/2026	Scheduled Completion Date (11) 05/12/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	500 Sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 05/12/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 			Date 04/27/2026		

7461



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

RECEIVED
 MAY - 7 2026
 AIRS CONTROL & LICENSING

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 190 PITTSFORD WAY							
		City, State, Zip Code NEW PROVIDENCE NJ 07974							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)						
Street Address 190 PITTSFORD WAY			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) NEW PROVIDENCE		Square Feet	# of Floors	Bldg. Age					
County (6) Union		County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200					
Start Date (10) 05/11/2026		Scheduled Completion Date (11) 05/11/2026		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			6 White Dove Court						
			City, State, Zip Code Lakewood, NJ, 08701						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Floor tiles	200 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 05/11/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 04/27/2026				

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

8465

PAID

Print Form

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

RECEIVED

MAY - 4 2026

Date of Notification (1) 04/27/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 830 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) RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 830 WASHINGTON ST			Square Feet						
City (5) CAPE MAY			# of Floors		Bldg. Age				
County (6) CAPE MAY		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) 05/13/2026		Scheduled Completion Date (11) 05/13/2026		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:			Street Address 6 White Dove Court						
			City, State, Zip Code Lakewood, NJ, 08701						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	1500 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 6	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 05/13/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 04/27/2026			

17925

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

MAY - 1 2026

Date of Notification (1) 4 / 27 / 26		Name of Building Owner/Operator (2) / Job#2604-6572 Check#17925	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 206 Wedgewood Drive	
		City, State, Zip Code Blackwood, NJ 08012	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 206 Wedgewood Drive		Square Feet	# of Floors
City (5) Blackwood		Bldg. Age	
County (6) GLE	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm James Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 5 / 9 / 26	Scheduled Completion Date (11) 5 / 9 / 26	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 9000 Commerce Parkway- Suite B	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ	Disposal Date 5/11/26	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gmt</i>	Date 4-27-26

2065

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

CHECK # 2065

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Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 UNION LANE								
		City, State, Zip Code VILLAS NJ 08251								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1 UNION LANE		Square Feet 1020	# of Floors 1							
City (5) VILLAS		Bldg. Age 50+								
County (6) CAPEMAY		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) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address		Street Address 570 CLEMS RUN								
City, State, Zip Code		City, State, Zip Code MULLICA HILL NJ 08062								
Project Manager for Monitoring Firm		Telephone No. 610-304-4676	License No. 01145							
Start Date (10) 05/07/2026	Scheduled Completion Date (11) 05/08/2026	Name of OSHA Monitor EMSL								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 RT. 130 NORTH								
		City, State, Zip Code CINNAMINSON NJ 08077								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
HOUSE SIDING			X	TRANSITE SIDING	500 SF					
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL						
City, State MULLICA HILL NJ		Disposal Date 05/08/2026		City, State WAYNESBURG, OH						
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>				Date 04/24/2026		

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

2063

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

CHECK # 2063

Date of Notification (1) 04/20/2026		Name of Building Owner/Operator (2) <i>IMPERIAL</i>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 731 SHAWNEE ROAD City, State, Zip Code BLACKWOOD NJ 08012 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 731 SHAWNEE ROAD			Square Feet 2012	# of Floors 2	Bldg. Age 61				
City (5) BLACKWOOD		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL					
County (6) GLOUCESTER		Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP INC.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address PO BOX 316		ASCN No. _____		Street Address 570 CLEMS RUN					
City, State, Zip Code THOROFARE NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062		Telephone No. 610-304-4676					
Project Manager for Monitoring Firm DAVID FLANNIGAN		Telephone No. 609-221-4660		License No. 01145					
Start Date (10) 04/30/2026		Scheduled Completion Date (11) 05/01/2026		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: RESIDENTIAL-ABATEMENT AREA CLOSED OFF			Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN-HALLWAY			X	FLOOR TILE	224 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 06		Name of Registered Landfill MINERVA LANDFILL			
City, State MULLICA HILL NJ		Disposal Date 05/01/2026		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Russell Swanson</i>		Date 04/20/2026			

B656

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

B & G Project # 2026-58 **B**

Check # **13656**

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2) 777 West Park Avenue LLC								
Agencies Notified	Type Notification	Street Address 100 Woodbridge Center Drive, Suite 301								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 07095								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) residential structure		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 92 Bayard Street		Square Feet	# of Floors							
City (5) New Brunswick, NJ 07901		Bldg. Age								
County (6) Middlesex	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) residential structure								
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) 05/07/2026	Scheduled Completion Date (11) 05/21/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1234 Route 23								
		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
throughout the building			X	VAT & mastic	1,210 SF	X				
throughout the building			X	transite door	30 SF	X				
throughout the building			X	joint compound	3,300 SF	X				
exterior			X	roof patch, shingles, material build-up, residual mastic	3,450 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Landfill						
City, State Butler, NJ		Disposal Date 05/21/2026		City, State Morrisville, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date 04/24/2026			

8491

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

Date of Notification (1) 04/29/2026		Name of Building Owner/Operator (2) Five Star	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact	Telephone Number

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MAY - 4 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 210 Jerome Ave, Mid & Rear Houses		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Ocean Township	Square Feet	# of Floors	Bldg. Age
County (6) Monmouth	County Code (7) <small>(STATE USE ONLY)</small>	Current Use (Prior if being demolished)	

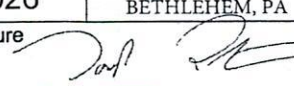
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			AAA Lead Professionals	
City, State, Zip Code			Street Address	
			6 White Dove Court	
			City, State, Zip Code	
			Lakewood, NJ, 08701	
Project Manager for Monitoring Firm		Telephone No.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

Start Date (10) 05/08/2026	Scheduled Completion Date (11) 04/12/2026	Name of OSHA Monitor AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		6 White Dove Court	
		City, State, Zip Code	
		Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	3000SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 10	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 04/12/2026	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 	Date 04/29/2026	

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

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NO
 CLK

Date of Notification (1) <u>4</u> / <u>28</u> / <u>26</u>		Name of Building Owner/Operator (2) /Job#2604-6572 Check#17925	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 206 Wedgewood Drive	
		City, State, Zip Code Blackwood, NJ 08012	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 206 Wedgewood Drive		Square Feet	# of Floors
City (5) Blackwood		Bldg. Age	

County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential
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Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
--	----------	--

Street Address PO Box 365	Street Address 30 Maple Ave. PO Box 25
-------------------------------------	--

City, State, Zip Code Berlin, NJ 08009	City, State, Zip Code Lumberton, NJ 08048
--	---

Project Manager for Monitoring Firm James Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529
---	--------------------------------------	--------------------------------------	-----------------------------

Start Date (10) <u>5</u> / <u>9</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>9</u> / <u>26</u>	Name of OSHA Monitor IATL
--	---	-------------------------------------

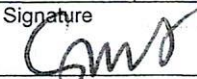
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- <u>Saturday</u> PM- _____ AM	Street Address 9000 Commerce Parkway- Suite B
	City, State, Zip Code Mount Laurel, NJ 08054

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

Location of Asbestos-Containing Material (ACM) <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 Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill
---	---	----------------------------------	---

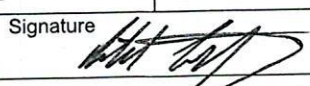
City, State Lumberton, NJ	Disposal Date 5/11/26	City, State Tullytown, PA
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Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 4-28-26
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PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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1919

Date of Notification (1) 5/5/26		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial			28 Oak Dr.					
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended			City, State, Zip Code					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #			Roseland, NJ 07068					
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)			Name of Contact					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4)						
Street Address 28 Oak Dr.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Roseland		Square Feet 1800	# of Floors 2	Bldg. Age 60 +/-					
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	License No. 01305				
Start Date (10) 5/7/26		Scheduled Completion Date (11) 5/10/26		Name of OSHA Monitor Same As Above					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	440 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 5 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 5/5/26		

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

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MAY 11 2026

Date of Notification (1) 5-6-26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 824 SEACREST RD.	
		City, State, Zip Code OCEAN CITY NJ 08226	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 824 SEACREST RD.		Square Feet 2000	# of Floors 2
City (5) OCEAN CITY		Bldg. Age NA	
County (6) CAPE MAY COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	

Name of Monitoring Firm Hired by Building Owner (8) ATLAS EMV INSPECTIONS		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION	
Street Address PO BOX 11645		Street Address PO BOX 71		
City, State, Zip Code PHILA PA 19116		City, State, Zip Code MONTGOMERYVILLE PA 18936		
Project Manager for Monitoring Firm JASON DUA		Telephone No. 267-784-4693	Telephone No. 267-784-4694	License No. 01276
Start Date (10) 5-11-26	Scheduled Completion Date (11) 5-12-26			

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor JASON DUA	
		Street Address PO BOX 11645	
		City, State, Zip Code PHILA PA 19116	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
MECHANICAL ROF				DUCT WRAP	15 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS CL	
City/State MONTGOMERYVILLE PA		Disposal Date NA		City, State BIRDSBORO PA	
Completed by EFRAIM DUA	Title VP	Signature 		Date 5-6-26	

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

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

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Date of Notification (1) 5/7/2026		Name of Building Owner/Operator (2) Crossfield Products Corp		MAY 11 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3000 E. Harcourt Street		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Rancho Dominguez, CA 90221						
			Name of Contact Jon Lombardo			Telephone Number 201-575-6322			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 120 Valley Road			Square Feet	# of Floors	Bldg. Age				
City (5) Roselle Park			Current Use (Prior if being demolished)						
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC						
Street Address PO Box 354		Street Address 27 Outwater Lane							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-394-2666	Telephone No. 973-928-4888	License No. 1188					
Start Date (10) 5/16/2026	Scheduled Completion Date (11) 6/16/2026		Name of OSHA Monitor A. Seine Lighthouse Solutions						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address PO Box 354						
			City, State, Zip Code South Orange, NJ 07079						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace			X	Pipe insulation	100 LF	X			
Crawlspace			X	Pipe insulation debris	1,200 SF	X			
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Jacqueline Anello		Title Office Administrator		Signature <i>Jacqueline Anello</i>		Date 5/7/2026			

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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) April 20, 2026		Name of Building Owner/Operator (2) Brixmor Old Bridge LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Ridge Pike #100 City, State, Zip Code Conshohecken PA 19428 Name of Contact Lucas Heverly Telephone Number 267-358-0139						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Brixmor Old Bridge Street Address 1044 US-9 City (5) Old Bridge County (6) Middlesex			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 22,000 # of Floors 2 Bldg. Age 1950s County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) commercial					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645	License No. 01334					
Start Date (10) 5/04/2026		Scheduled Completion Date (11) 05/31/2026		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 54 Morgan Dr City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout various rooms		X		Mirror glue dabs		X			
mezzanine		X		carpet mastics	625 SF	X			
Name of Registered Waste Hauler Westphal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS					
City, State Ridgefield Park NJ		Disposal Date		City, State MORRISVILLE PA					
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i>		Date 04/20/2026			

3657



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

Check # **13657**

B & G Project # 2026-54

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2) Hackensack Meridian Health	
Agencies Notified	Type Notification	Street Address	APR 28 2026
<input checked="" type="checkbox"/> EPA, <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	2020 Sixth Avenue	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Neptune, NJ 07753	ASBESTOS CONTROL & LICENSING
		Name of Contact Erika Seaver	Telephone Number (732)290-2217

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Jersey Shore University Medical Center - Ackerman Wing		Type of Facility (4)	
Street Address 51-81 Davis Avenue		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Neptune, NJ 07753		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Square Feet	# of Floors
		Bldg. Age	
		Current Use (Prior if being demolished) hospital wing	

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) 05/04/2026	Scheduled Completion Date (11) 05/24/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Butler, NJ 07405	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof flashing materials	2,121 SF	X			
basement			X	waterproofing tar on block walls	3,688 SF	X			
basement			X	VAT & mastic	10,799 SF	X			
basement			X	VAT (no mastic)	440 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 250	Name of Registered Landfill Fairless Landfill	
City, State Butler, NJ		Disposal Date 5/05/26-5/25/26		City, State Morrisville, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 04/24/2026

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

5/2



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APR 27 2026

Date of Notification (1) 4-22-2026		Name of Building Owner/Operator (2) Lawrence Investment Group								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3191 US Highway 1								
		City, State, Zip Code Lawrence Township (Lawrenceville), NJ 08648								
		Name of Contact Kenneth Newman	Telephone Number 973 477 5301							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 3191 US Highway 1		Square Feet 6,500 SF	# of Floors 1							
City (5) Lawrence Township (Lawrenceville)		Bldg. Age 1995								
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial (Retail/Restaurant - prior Joe)								
Name of Monitoring Firm Hired by Building Owner (8) Efix Environmental Inc		ASCM No. 114208	Name of Abatement Contractor (9) General Contracting Group							
Street Address 955 Evergreen Avenue		Street Address 54 Old Chimney Road								
City, State, Zip Code Bronx, NY 104		City, State, Zip Code Upper Saddle River, NJ 07458								
Project Manager for Monitoring Firm Ehis Igbiosa		Telephone No. (646) 350-9079	Telephone No. 551-308-5069							
		License No. 02086								
Start Date (10) 5/4/26	Scheduled Completion Date (11) 5/8/26	Name of OSHA Monitor General Contracting Group								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Old Chimney Road								
		City, State, Zip Code Upper Saddle River, NJ 07458								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 3,495 SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Restaurant - open floor area		X		Mastic		X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central						
City, State 623 Dowd Ave Elizabeth, NJ			Disposal Date	City, State Pen Argyl Pa						
Completed by Seamus Schofield		Title President	Signature 				Date 4/22/26			

2124

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

Check No. 2124
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Date of Notification (1) April 17, 2026		Name of Building Owner/Operator (2) PA of NY & NJ	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Erie Street	
		City, State, Zip Code Jersey City, NJ 07302	
		Name of Contact Tom Taylor	Telephone Number 609-744-3471

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) APM Terminals Elizabeth (APMT)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5080 McLester Street		Square Feet 144,000	# of Floors 3
City (5) Elizabeth		Bldg. Age 50+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building	

Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.	
Street Address 464 Valley Brook Avenue		Street Address 223 Randolph Avenue	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Gary Clare	Telephone No. 800-423-0766	Telephone No. 973-478-4681	License No. 00120

Start Date (10) May 18, 2026	Scheduled Completion Date (11) June 18, 2026	Name of OSHA Monitor The Saban Engineering Group, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: unoccupied space		Street Address 201 Stuyvesant Avenue	
		City, State, Zip Code Lyndhurst, NJ 07071-1704	

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
 Non-Exempted (*) and Non-Friable Procedure Glovebag Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 Mechanical Room		X		TSI pipe insulation elbows	20 LF	X			

Name of Registered Waste Hauler Century Waste Services, LLC	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ		Disposal Date 5/22/26	City, State Morrisville, PA
Completed by Aleksandar Kuridza	Title Project Manager	Signature 	Date 4/17/2026

41040

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

Check # 41040

Date of Notification (1) <u>4</u> / <u>24</u> / <u>26</u>		Name of Building Owner/Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 245 S. WOOD AVENUE	
		City, State, Zip Code Linden NJ 07036	
		Name of Contact BRIAN KINGSBURY	Telephone Number

APR 28 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 245 S. WOOD AVENUE			
City (5) LINDEN	Square Feet 23000	# of Floors 2	Bldg. Age 90
County (6) UNION	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) VERIZON COMMUNICATIONS	

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET		
City, State, Zip Code PHILADELPHIA PA 19153		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm RICK REYNOLDS	Telephone No. 267)261-2837	Telephone No. 215-788-6040	License No. 02121	

Start Date (10) <u>5</u> / <u>11</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>28</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC.
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5</u> AM - <u>5</u> PM / <u>2</u> AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT CABLE VAULT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT AND MASTIC	1640SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR FRAME AREA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT AND MASTIC	918SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR THROUGHOUT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT AND MASTIC	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Conestoga Landfill
City, State Freehold, NJ	Disposal Date tbd	City, State Morgantown, PA	

Completed By (Print or Type) Patrick T DeCaro	Title Estimator	Signature 	Date 4/24/26
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ASB-41
MAY 11 **DD26056**

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

1009

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

CHECK # 2064

PAID

RECEIVED

Date of Notification (1) 04/24/2026		Name of Building Owner/Operator (2) COOPER UNIVERSITY HEALTHCARE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 COOPER PLAZA	
		City, State, Zip Code CAMDEN NJ 08103	
		Name of Contact HERBERT SMITH	Telephone Number 207-855-0259

APR 28 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COOPER HOSPITAL (KELEMEN BUILDING - ROOM KB80)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 COOPER PLAZA		Square Feet 100,000	# of Floors 10
City (5) CAMDEN		Bldg. Age 48	
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 400 STREET ROAD		Street Address 570 CLEMS RUN	
City, State, Zip Code BENSALEM PA 19020		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MERIC WYSOCKI		Telephone No. 215-244-1300	Telephone No. 610-304-4676
License No. 01145			
Start Date (10) 05/05/2026	Scheduled Completion Date (11) 05/07/2026	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: ROOM CLOSED FOR REPAIRS		Street Address 200 RT. 130 NORTH	
		City, State, Zip Code CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOM KB80			X	MASTIC	320 sf	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 05/08/2026		City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 04/24/2026	

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

RECEIVED

Date of Notification (1) 05/07/2026		Name of Building Owner/Operator (2) VAMC EAST ORANGE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 385 TREMONT AVENUE	
		City, State, Zip Code EAST ORANGE NEW JERSEY 07018	
		Name of Contact MEGHA DESAI	Telephone Number 9083460195

MAY 11 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) EAST ORANGE VAMC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 385 TREMONT AVENUE		Square Feet 20000	# of Floors 10
City (5) EAST ORANGE NEW JERSEY 07018		Bldg. Age 1920+	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TIGER ENVIRONMENTAL, INC.	ASCM No.	Name of Abatement Contractor (9) CPC ENVIRONMENTAL SERVICES CORP.	
Street Address 256A JEFFERSON COURT		Street Address 142 NORTH 13TH STREET	
City, State, Zip Code LAKEWOOD, NJ 08701		City, State, Zip Code NEWARK NJ 07107	
Project Manager for Monitoring Firm KELLY WALLTON	Telephone No. 9088624301	Telephone No. 9733902416	License No. 01335

Start Date (10) 05/23/2026	Scheduled Completion Date (11) 05/30/2026	Name of OSHA Monitor TIGER ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 256 A JEFFERSON COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
C Level-104		X		floor tiles and mastic	430 SF	X			
C level 119		x		floor tile and mastic	192 SF				

Name of Registered Waste Hauler NEWARK CARTING INC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GRAND CENTRAL SANITRY LANDFILL
City, State P O BOX 5670 NEWARK NJ 07105		Disposal Date	City, State PEN ARGYL PA 18072
Completed by CHIKA ONWUKAIFE	Title PRESIDENT	Signature 	Date 05/07/2026

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

643
Approved by
Jim Harris 5/1/26

Check # 41043

Date of Notification (1) 5/1/26		Name of Building Owner / Operator (2) State of New Jersey Department of Human Services	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address P.O. Box 700, 222 South Warren 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) Vineland Developmental - Landis Cottage			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1676 E Landis Ave			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Vineland	County (6) Cumberland	County Code (7)	Current Use (Prior if being demolished) Various Services		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental LLC		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Jordan Reed		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 02121	
Scheduled Start Date (10) 5/1/26	Scheduled Completion Date (11) 5/1/26		Name of OSHA Monitor Bristol Environmental LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 8:00 AM - 4:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance 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
Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation fittings	9 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1/2 Cu YD	Name of Registered Landfill Fairless Hills Landfill	
City, State Bristol, PA		Disposal Date 5/1/26		City, State Fairless Hills PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 5/1/26

6122076

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

RECEIVED

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Date of Notification (1) <u>4</u> / <u>28</u> / <u>26</u>		Name of Building Owner/Operator (2) Resorts International Casinos /Job#2604-6567 Check#17901	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1133 Boardwalk	
		City, State, Zip Code Atlantic City, NJ 08401-7329	
		Name of Contact Matt Smith	Telephone Number 609-340-7704

ASBESTOS CONTROL & LICENSING

MAY - 1 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resorts Hotel & Casino	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
Street Address 1133 Boardwalk- Boogie Nights/ Dining	Square Feet

City (5) Atlantic City	# of Floors	Bldg. Age
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County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hotel & Casino
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Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
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Street Address PO Box 365	Street Address 30 Maple Ave. PO Box 25
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City, State, Zip Code Berlin, NJ 08009	City, State, Zip Code Lumberton, NJ 08048
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Project Manager for Monitoring Firm James Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529
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Start Date (10) <u>4</u> / <u>28</u> / <u>26</u>	Scheduled Completion Date (11) <u>4</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor EMSL Analytical
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ	Disposal Date 4/30/26	City, State Tullytown, PA	

Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 4-28-26
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

7850

PAID

RECEIVED

Date of Notification (1) 05 / 04 / 26		Name of Building Owner/Operator (2) GREATER-NEWARK CONSERVANCY		CHECK#4850
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 32 Prince Street	
			City, State, Zip Code Newark, NJ 07103	
			Name of Contact Brian Klippel	Telephone Number 973.932.6436

MAY - 7 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Greater Newark Conservancy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 32 Prince Street		Square Feet 80,000	# of Floors 2	Bldg. Age 50+
City (5) Newark		Current Use (Prior if being demolished) School-Under Construction		
County (6) ESSEX	County Code (7)(STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) OMEGA Environmental		ASCM No. 00120	Name of Abatement Contractor (9) EA Services Corporation	
Street Address 280 Hyuler Street		Street Address 530 Church Street- Suite 6		
City, State, Zip Code Hackensack, NJ		City, State, Zip Code Ridgefield, NJ 07657		
Project Manager for Monitoring Firm Ray Montes de Oca		Telephone No. 201.487.8700	Telephone No. 201-295-1700	License No. 01074
Start Date (10) 05 / 13 / 26	Scheduled Completion Date (11) 06 / 13 / 26		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM -____PM/____PM-____AM		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium/Balcony	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clean Up Debris	4,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises	
City, State Ridgefield, NJ		Disposal Date tbd		City, State Waynesburg, OH	
Completed By (Print or Type) Marisabel Toribio	Title Clerical	Signature <i>Marisabel Toribio</i>		Date 05/14/26	

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

3814

Check # 3814

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

PAID

GAC Project # 060-26

Date of Notification (1) May 5, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DAVISON HALL, BLDG# 8322			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address DOUGLASS CAMPUS			Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC

Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm JOHN LUTZ	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840	

Scheduled Start Date (10) 05/15/2026	Scheduled Completion Date (11) 05/18/2026	Name of OSHA Monitor ENVIROVISION, INC.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E		
		City, State, Zip Code FAIRLAWN, NJ 07410		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
216A	<input checked="" type="checkbox"/>	VAT	720 SF	<input checked="" type="checkbox"/>

Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 05/18/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072	
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860				
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 5, 2026	

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

1559



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

MAY - 4 2026

Date of Notification (1) May 1, 2026		Name of Building Owner/Operator (2) Stevens Institute of Technology							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Castle Point on Hudson							
		City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact David Fernandez		Telephone Number 201-216-8705					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McLean Building (Room 212)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 500 River Street			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
City (5) Hoboken		County (6) Hudson		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement Company LLC					
Street Address 3 Crosswicks Street			Street Address 329 Parish Drive						
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 9733458685	License No. 02097				
Start Date (10) 05/11/2026		Scheduled Completion Date (11) 05/15/2026		Name of OSHA Monitor D&S Abatement Company LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>			Street Address 329 Parish Drive						
			City, State, Zip Code Wayne, NJ 07470						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 212		X		transite	740SF	X			
Name of Registered Waste Hauler D&S Abatement Company, LLC		NJDEP Waste Hauler ID No. 0036309		Cubic Yards of Waste TBD	Name of Registered Landfill TRRF				
City, State Wayne, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Dejan Antic Dopsaj			Title President	Signature 		Date 05/01/2026			

1556

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

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Date of Notification (1) May 1, 2026		Name of Building Owner/Operator (2) Stevens Institute of Technology	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Castle Point on Hudson	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact David Fernandez	Telephone Number 201-216-8705

MAY - 4 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) McLean Building (Room 415)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 500 River Street		Square Feet N/A	# of Floors N/A
City (5) Hoboken		Bldg. Age N/A	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Howe Center offices	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC
Street Address 3 Crosswicks Street		Street Address 329 Parish Drive	
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 9733458685	License No. 02097
Start Date (10) 05/15/2026	Scheduled Completion Date (11) 05/15/2026	Name of OSHA Monitor D&S Abatement Company LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>occupied</u>		Street Address 329 Parish Drive	
		City, State, Zip Code Wayne, NJ 07470	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 415		X		floor tiles and mastic	420SF	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 05/01/2026

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

MAY - 4 2026

Date of Notification (1) 04-29-26		Name of Building Owner/Operator (2) All County Services LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 57 Maple Ave. City, State, Zip Code Woodland Park, NJ 07424 Name of Contact Joe Scirica Telephone Number (973) 747-7425						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Commercial Building # 7A Street Address 314 Route 12 City (5) Raritan County (6) Somerset		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors 2 Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address _____ City, State, Zip Code _____		ASCM No. _____ Telephone No. _____	Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 1119 East Grand St. City, State, Zip Code Elizabeth, NJ 07201 Telephone No. 908 576-7646 License No. 01206						
Start Date (10) 05-08-26	Scheduled Completion Date (11) 05-11-26	Name of OSHA Monitor Delfa Contracting LLC Street Address 1119 East Grand St. City, State, Zip Code Elizabeth, NJ 07201							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	30 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ		Disposal Date 05-12-26		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 04-29-26			

Rock

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

Date of Notification (1) <u>4</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) Newark Studios		<i>RECORDED</i>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # ONGOING <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Riverfront Plaza MAY - 6 2026					
		City, State, Zip Code Newark, NJ 07102		Name of Contact James Hancik					
				Telephone Number (732) 867-9810					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Studios			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 741-811 Frelinghuysen Avenue			City (5) Newark						
City (5) Newark		Square Feet	# of Floors	Bldg. Age					
County (6) Essex County		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East, Suite #107		Street Address 6233 Amboy Road							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Tom Gulya		Telephone No. (908) 688-7800	Telephone No. 718-605-6256	License No. 00774					
Start Date (10) <u>03</u> / <u>09</u> / <u>26</u>		Scheduled Completion Date (11) <u>03</u> / <u>02</u> / <u>27</u>		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8</u> AM- <u>4</u> PM/ <u>4</u> PM- <u>4</u> AM			Street Address 10-59 Jackson Avenue						
			City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Ground Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Piping	9008 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Ground Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	500 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ-860	Cubic Yards of Waste 160	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 3/15/2026	City, State Bethlehem, PA						
Completed By (Print or Type) Ruben Diaz III		Title Project Manager	Signature 		Date 4/29/26				

13613

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

Check # **13673**

B & G Project # 2026-70

PAID

MAY - 6 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 1, 2026		Name of Building Owner/Operator (2) Paramus Public Schools								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 145 Spring Valley Road		City, State, Zip Code Paramus, NJ 07652								
Name of Contact Salvatore Lazzara		Telephone Number (201)261-7800 x 3103								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) West Brook Middle School NON Sub 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 560 Roosevelt Boulevard		Square Feet 50,000+	# of Floors 3							
City (5) Paramus, NJ 07652		Bldg. Age 50+								
County (6) Bergen		County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) Middle School (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. 973-696-6869	License No. 00378							
Start Date (10) 05/01/2026 @ 4:00 PM		Scheduled Completion Date (11) 05/02/2026								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor B & G Restoration, Inc.								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Building Demolition with asbestos in-place <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Room 22 (door entrance)		X		VAT & mastic	20 SF	X				
Name of Registered Waste Hauler B&G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 05/04/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date 05/01/2026			

5011



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

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HMD 25-214

MAY - 4 2026

Date of Notification (1) 4/30/2026		Name of Building Owner/Operator (2) Mediterranean Towers West Ck#5011	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 North Avenue	
		City, State, Zip Code Fort Lee, New Jersey 07024	
		Name of Contact Javier Valenzuela	Telephone Number 201-370-2047

FACILITY INFORMATION

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

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

Start Date (10) 5/11/2026	Scheduled Completion Date (11) 5/12/2026	Name of OSHA Monitor Hazmat Diagnostic, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Apartment will be un-occupied during entire period of abatement</u>		Street Address 16 Glenwild Ave	
		City, State, Zip Code Bloomingdale, NJ 07403	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apt. LD - Living Room			x	Popcorn Ceiling	10 SF	x			

Name of Registered Waste Hauler Hazmat Diagnostic, LLC/ Century Waste		NJDEP Waste Hauler ID No. 0035440/32797	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill	
City, State Bloomingdale, NJ/ Elizabeth, NJ			Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>		Date 4/30/2026

1513

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

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MAY - 4 2026

Date of Notification (1) 03/04/2026		Name of Building Owner/Operator (2) Paul Ross								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 228 Wanaque Ave								
		City, State, Zip Code Pompton Lakes NJ, 07442								
		Name of Contact Paul Ross	Telephone Number 973-610-0597							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) warehouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 228 Wanaque Ave		Square Feet N/A	# of Floors N/A							
City (5) Pompton Lakes NJ, 07442		Bldg. Age N/A								
County (6) Passaic	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) 03/05/2026	Scheduled Completion Date (11) 03/09/2026	Name of OSHA Monitor D&S Abatement Company LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>		Street Address 329 Parish Dr								
		City, State, Zip Code Wayne, NJ 07470								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st floor		X		VAT	4000	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 03/04/2026			

State of New Jersey - Notification of Asbestos Abatement

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

Check # 3213

25815

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Date of Notification (1) May 1, 2026		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey		
Agencies Notified EPA DCA x DOL DEP x DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address REHS 74 St 1603 MAY - 4 2026
		City, State, Zip Code Piscataway NJ 08854		Telephone Number 848.445.2550
		Name of Contact Michael F. Smith		ASBESTOS ABATEMENT & LICENSING
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) # 7257- Medical Science Bldg.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS Newark Campus			Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 80 plus years	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	Current Use (prior if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) Atlas Tech Services		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 Terri Lane		Street Address 511 MAIN STREET		
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) 5/8/2026	Scheduled Completion Date (11) 5/18/2026		Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 4pm-5am (24 Hours & weekends as needed)			Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)				
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
B518,B520,B525 Suite,B544,B546,C632 Suite, F676 Suite	<input checked="" type="checkbox"/>	VAT Benchtops Sinks	8,400 sf 1,250 sf 15 sf	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 80 CYD	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		Disposal Date 5/18/26	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 Raymond Pedalino	Date May 1, 2026	

GAC # 2026-060

State of New Jersey - Notification of Asbestos Abatement

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

PAID

Date of Notification (1) April 21, 2026		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey	
Agencies Notified EPA DCA x DOL DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address REHS 74 St 1603		City, State, Zip Code Piscataway NJ 08854	
Name of Contact Michael F. Smith		Telephone Number 848.445.2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) # 7257- Medical Science Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS Newark Campus		Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 80 plus 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	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 Terri Lane		Street Address 511 MAIN STREET	
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 5/1/2026	Scheduled Completion Date (11) 5/11/2026		Name of OSHA Monitor EMSL inc.
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 4pm-5am		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation Demolition	
		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) B518,B520,B525 Suite,B544,B546,C632 Suite, F676 Suite	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT Benchtops Sinks	Amount (Specify SF or LF) 8,400 sf 1,250 sf 15 sf
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: TBD	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		Disposal Date TBD	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860			
Completed by (Print or Type) Raymond Pedalino	Title Sr. Project Manager	Signature <i>Raymond Pedalino</i>	Date April 21, 2026

GAC # 2026-060

4641

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

CHECK # 4641

Date of Notification (1) 4 / 29 / 26		Name of Building Owner/Operator (2) SRI International							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 Washington Rd							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Chris Lewis	Telephone Number 215-307-7100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SRI International		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 201 Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 610-865-0031	Telephone No. 215-788-6040						
		License No. 02121							
Start Date (10) 5 / 11 / 26	Scheduled Completion Date (11) 5 / 13 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Coverbag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Demo									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>			Date 4/29/26				

ASB-41 MAY 11 **BS26030**

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

4109

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

RECEIVED

PAID

Date of Notification (1) 4/30/2026		Name of Building Owner/Operator (2) Jersey Central Power & Light	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 Madison Avenue	
		City, State, Zip Code Morristown, NJ 07962	
		Name of Contact Timothy Hicks	Telephone Number 419-631-6483

MAY - 4 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 21 East Clinton Street		Square Feet	# of Floors
City (5) Newton		Bldg. Age	
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC	
Street Address PO Box 354		Street Address 27 Outwater Lane		
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-394-2666	Telephone No. 973-928-4888	License No. 1188

Start Date (10) 5/11/2026	Scheduled Completion Date (11) 5/29/2026	Name of OSHA Monitor A. Seine Lighthouse Solutions		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354		
		City, State, Zip Code South Orange, NJ 07079		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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	Roofing	60 SF	X			

Name of Registered Waste Hauler All Pro Management, LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste	Name of Registered Landfill SCMUA	
City, State Garfield, NJ			Disposal Date	City, State Lafayette, NJ	
Completed by Jacqueline Anello		Title Office Administrator	Signature		Date 4/30/2026

1089

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

CK #1089

PAID

Date of Notification (1) 4 / 20 / 26		Name of Building Owner/Operator (2) Bank of America	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 790 Palisade Avenue	
		City, State, Zip Code Teaneck, NJ	
		Name of Contact Joseph Ashman	Telephone Number (607) 621-1112

APR 28 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 790 Palisade Avenue		Square Feet	# of Floors
City (5) Teaneck		Bldg. Age	
County (6) Bergen County	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Arcadis	ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 44 South Broadway		Street Address 6233 Amboy Road	
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Dino Nappi	Telephone No. (516) 972-8809	Telephone No. 718-605-6256	License No. 00774

Start Date (10) 05 / 08 / 26	Scheduled Completion Date (11) 03 / 02 / 27	Name of OSHA Monitor Testor Tech
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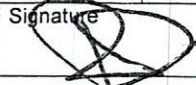
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-4PM/ PM-4AM	Street Address 10-59 Jackson Avenue
	City, State, Zip Code LIC NY 11101

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	85 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	1550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. NJ-860	Cubic Yards of Waste 160	Name of Registered Landfill IESI
City, State Newark, NJ	Disposal Date 5/7/2026	City, State Bethlehem, PA	

Completed By (Print or Type) Ruben Diaz III	Title Project Manager	Signature 	Date 4/23/26
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

RECEIVED
CK # 1089

Date of Notification (1) 4 / 28 / 26		Name of Building Owner/Operator (2) Bank of America		APR 30 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 790 Palisade Avenue		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Teaneck, NJ						
			Name of Contact Joseph Ashman	Telephone Number (607) 621-1112					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 790 Palisade Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) Teaneck									
County (6) Bergen County		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Arcadis		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 44 South Broadway		Street Address 6233 Amboy Road							
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Dino Nappi		Telephone No. (516) 972-8809	Telephone No. 718-605-6256	License No. 00774					
Start Date (10) 05 / 02 / 26		Scheduled Completion Date (11) 07 / 01 / 26		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>2PM/2PM</u> - <u> </u> AM			Street Address 10-59 Jackson Avenue						
			City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	85 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	1550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ-860	Cubic Yards of Waste 160	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 7/1/2026	City, State Bethlehem, PA						
Completed By (Print or Type) Ruben Diaz III		Title Project Manager	Signature <i>Ruben Diaz</i>		Date 4/28/26				

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

RECEIVED

MAY 12 2026

Date of Notification (1) 03/31/2026		Name of Building Owner/Operator (2) Mario P Thomas Charter School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 125 Sussex Avenue							
		City, State, Zip Code Newark, NJ.07103							
		Name of Contact Clement Colling	Telephone Number 973-347-6535						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MARIO P THOMAS CHARTER		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 370 SOUTH 7TH STREET		Square Feet N/A	# of Floors N/A						
City (5) NEWARK		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) GARDEN STATE ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address 555 SOUTH BROAD STREET		Street Address 89 FRANKLIN STREET							
City, State, Zip Code GLEN ROCK, NEW JERSEY. 07462		City, State, Zip Code PATERSON, NJ.07524							
Project Manager for Monitoring Firm MIKE		Telephone No. 973-489-7932	Telephone No. 973-333-5144						
		License No. 01274							
Start Date (10) 04/03/2026	Scheduled Completion Date (11) 04/10/2026	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ.07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GYM		X		WALL PLASTER	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 03/31/2026					

6318 * Amended notification

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

RECEIVED

MAY - 4 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/30/2026		Name of Building Owner/Operator (2)						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 812 Rue Ave						
		City, State, Zip Code Point Pleasant, NJ 08742						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 812 Rue Ave.		Square Feet 1000	# of Floors 1					
City (5) Point Pleasant		Bldg. Age 50+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Env. Analysis, Inc.		ASCM No. 00090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address 401 St. James Street		Street Address 34 Deforest Ave. Suite 1						
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code East Hanover, NJ 07936						
Project Manager for Monitoring Firm Patrick McGuinness		Telephone No. 908-454-6316	Telephone No. 973-256-7010					
		License No. 00666						
Start Date (10) 05/11/2026	Scheduled Completion Date (11) 05/11/2026	Name of OSHA Monitor Bako Construction & Restoration, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 34 Deforest Ave. Suite 1						
		City, State, Zip Code East Hanover, NJ 07936						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
<input checked="" type="checkbox"/> wet & cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
House Basement		X	Pipe Insulation	95 LF	X	X		
Name of Registered Waste Hauler Bako Constr. & Rest. Inc./Century Waste		NJDEP Waste Hauler ID No. 20889/32797	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills/ Waste management				
City, State East Hanover, NJ/ Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA				
Completed by Damir Valjevac		Title Project Manager	Signature 	Date 4/30/2026				

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

003647
 MAY - 4 2026
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04/28/26		Name of Building Owner/Operator (2) ANC Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 260 Chase Avenue	
		City, State, Zip Code Lyndhurst, NJ 07071	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 222 Nutley Avenue		Square Feet 2,500 +	# of Floors 2
City (5) Nutley		Bldg. Age 50 +	
County (6) Essex	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) J.R. Contracting & Environmental Consulting, Inc.
Street Address		Street Address 1141 Route 23	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 628-9500	License No. 00408
Start Date (10) 05/08/26	Scheduled Completion Date (11) 05/18/26	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1141 Route 23	
		City, State, Zip Code Wayne, NJ 07470	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Plaster Walls & Ceilings	1,650 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill	
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania	
Completed by Jerry Bijelonic	Title Project Manager	Signature		Date 04/28/26	

1550

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

Date of Notification (1) 04/16/2026		Name of Building Owner/Operator (2) PAID	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 34 Macopin Ave	
		City, State, Zip Code Montclair NJ 07043	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 34 Macopin Ave		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Montclair NJ 07043		Current Use (Prior if being demolished) house		
County (6) Essex	County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 04/17/2026	Scheduled Completion Date (11) 04/23/2026	Name of OSHA Monitor D&S Abatement Company LLC		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: non-occupied		Street Address 329 Parish Dr		
		City, State, Zip Code Wayne, NJ 07470		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd floor bathroom		x		ACM debries	100	x			
2nd and 3rd floor		x		ACM dust	5450	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 04/16/2026		

1922

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

chk# 1922

Date of Notification (1) 4/29/2026		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 158 Fair Haven Rd. City, State, Zip Code Fair Haven, NJ 07704 Telephone Number _____
	Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
	Street Address 158 Fair Haven Rd. City (5) Fair Haven, NJ 07704		Square Feet 1,554 # of Floors 2 Bldg. Age 1922
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____

Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) 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) 5/9/2026	Scheduled Completion Date (11) 5/12/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.	

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083	
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Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 4/29/2026

1925

PAID

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

Chk # 1925

Date of Notification (1) 5/1/2026		Name of Building Owner/Operator (2) RECOB...							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 94 Lincoln Ave. City, State, Zip Code Totowa, NJ 07512 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address 94 Lincoln Ave. City (5) Totowa, NJ 07512			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet: 1,154 # of Floors: 2 Bldg. Age: 1920						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Property						
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC Street Address 240 South 5th St. 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) 5/10/2026	Scheduled Completion Date (11) 5/15/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc. Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	80 LF	X			
Exterior Siding			X	Transite Siding	1,800 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD	City, State Morrisville, PA						
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 5/1/2026				

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

1923

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

CHK # 1923

Date of Notification (1) 4/29/2026		Name of Building Owner/Operator (2) RECEIVED								
Agencies Notified	Type Notification	Street Address 20 West Roselle Ave.								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle Park, NJ 07204								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 20 West Roselle Ave.		Square Feet 1,250	# of Floors 2							
City (5) Roselle Park, NJ 07204		Bldg. Age 1927								
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC							
Street Address		Street Address 240 South 5th St.								
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206								
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355							
Start Date (10) 5/9/2026	Scheduled Completion Date (11) 5/11/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West								
		City, State, Zip Code Union, NJ 07083								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			X	Pipe Insulation	100 LF	X				
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>				Date 4/29/2026			

2/22



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

RECEIVED

Date of Notification (1) 4/30/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Oberlin Court							
		City, State, Zip Code Edison NJ 08820							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 4 Oberlin Court		Square Feet unknown	# of Floors 2						
City (5) Edison		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) 5/11/2026	Scheduled Completion Date (11) 5/12/2026	Name of OSHA Monitor John Kim							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave							
		City, State, Zip Code Glen Ridge NJ 07028							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	300 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			

20296



PAID

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

RECEIVED

Date of Notification (1) 04 / 30 / 26		Name of Building Owner/Operator (2) Shore Builders Group, LLC		MAY - 4 2026 50296					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 287 W. 8th Street		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Ship Bottom, NJ 08008		Telephone Number					
		Name of Contact							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 363 W. 6th Street									
City (5) Ship Bottom		Square Feet 1850	# of Floors 1	Bldg. Age 80					
County (6) Ocean		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932	License No. 00624					
Start Date (10) 05 / 11 / 26		Scheduled Completion Date (11) 05 / 13 / 26		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1850 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	650 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 05/13/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 4/30/26			

1089



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

RECEIVED

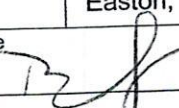
Date of Notification (1) 4-29-26		Name of Building (Owner) (2) 2020							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 55 Waterford Rd							
		City, State, Zip Code Hammonton NJ 08037							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOME		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 210 N NASSAU AVE		Square Feet 1900	# of Floors 2						
City (5) Margate		Blgd. Age 70							
County (6) Atlantic Co	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident.							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Am. Ice Abatement Contractors / CO							
City, State, Zip Code		Street Address 1212 Burlington Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Asheboro NJ 27805							
Telephone No.		Telephone No. 659-346-5916	License No. 01070						
Start Date (10) 5-8-26	Scheduled Completion Date (11) 5-30-26	Name of OSHA Monitor Self							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 5 sf or ≥ 1 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 2160 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE				ACM Siding	200SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Cam Man		NDEP Waste Permit No.	Cubic Yards of Waste	Name of Registered Landfill ACCU					
State Egg Harbor Twp		Disposal Date 1-3-20	City, State Atlantic Co		Date 4-29-26				
Signed by John T. Hill		Title 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)

2095
 CH# 6095

MAY - 1 2026

Date of Notification (1) 4/28/26		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 2504 Willow Street		City, State, Zip Code Point Pleasant, New Jersey 08742								
Name of Contact		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)								
Street Address 2504 Willow Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Point Pleasant		Square Feet 1500	# of Floors 1							
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc							
Street Address		Street Address 95 Montrose Road								
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722								
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029							
Start Date (10) 5/7/26	Scheduled Completion Date (11) 5/11/26	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
interior			X	flue pipe	15 lf	X				
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins						
City, State Colts Neck, New Jersey		Disposal Date 5/11/26		City, State Easton, PA						
Completed by Bree McGuire		Title Secretary Treasurer		Signature 			Date 4/28/26			

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

1764

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05033

Date of Notification (1) 04-27-26		Name of Building Owner/Operator (2) 144 KINGS HWY WEST LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 144 Kings Hwy	
		City, State, Zip Code HADDONFIELD NJ 08033	
		Name of Contact	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 144 Kings Hwy WEST		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 144 Kings Hwy		Square Feet NA	# of Floors 3
City (5) HADDONFIELD		Bldg. Age NA	
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECT		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION	
Street Address PO BOX 11645		Street Address PO BOX 21		
City, State, Zip Code PHILA PA 19116		City, State, Zip Code MONTGOMERYVILLE PA 18936		
Project Manager for Monitoring Firm JASON DUA		Telephone No. 267-784-4693	Telephone No. 267-784-4694	License No. 01276
Start Date (10) 5-13-26	Scheduled Completion Date (11) 5-16-26		Name of OSHA Monitor JASON DUA	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO BOX 11645		
		City, State, Zip Code PHILA PA 19116		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MECHANICAL ROOM				PIPE FITTINGS	9 LF	<input checked="" type="checkbox"/>			
				PIPE WRAP	10 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste NA	Name of Registered Landfill WESTERN BERKS CL	
City, State MONTGOMERYVILLE PA		Disposal Date NA		City, State BIRZBORO PA	
Completed by FRYMAR DUA	Title VP	Signature <i>[Signature]</i>		Date 4-27-26	

13664

B & G Project # 2026-61

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

Check # 13664
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 MAY - 1 2026

Date of Notification (1) 04/28/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING	
Agencies Notified	Type Notification	Street Address 3 South Dorchester Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Emerson, NJ 07630	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 3 South Dorchester Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Emerson, NJ 07630		Square Feet	# of Floors
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential	

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

Start Date (10) 05/08/2026	Scheduled Completion Date (11) 05/09/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ground floor laundry room			X	VAT & mastic	54 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ		Disposal Date 05/08/2026	City, State Pen Argyl, PA
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 04/28/2026

#1764



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RECEIVED Print Form

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

MAY 13 2026

Date of Notification (1) 5/4/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 541 Emmett Ave City, State, Zip Code Trenton, NJ, 08629 Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 541 Emmett Ave Trenton, NJ			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 541 Emmett Ave			Square Feet 1204	# of Floors 2	Bldg. Age 1920					
City (5) Trenton		County (6) Mercer		County Code (7) (STATE USE ONLY) _____						
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 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		Name of OSHA Monitor								
Start Date (10) 5/5/2026		Scheduled Completion Date (11) 5/6/2026		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address							
			City, State, Zip Code							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		ACM Pipe/pipe wrap	5lf	x				
Name of Registered Waste Hauler Belco Demolition		NJDEP Waste Hauler ID No. WH25011		Cubic Yards of Waste 20		Name of Registered Landfill Lanchester Landfill				
City, State Wilmington, DE				Disposal Date		City, State				
Completed by Ronald Ormsby			Title Owner		Signature 		Date 5/4/2026			

1743



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Print Form

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

APR 17 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/14/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 434 Berg Ave							
		City, State, Zip Code Trenton, Nj 08610							
Name of Contact			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 434 Berg Ave			Square Feet 1,548	# of Floors 2	Bldg. Age 1900				
City (5) Trenton		County (6) Mercer		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) EA consulting LLC			ASCM No.		Name of Abatement Contractor (9) Bellco Demolition				
Street Address 1720 Glassboro Road			Street Address 950 ridge rd 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) 4-24-2026		Scheduled Completion Date (11) 4-28-2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding		X		Transite siding	1,000sf	X			
Name of Registered Waste Hauler Bellco Demolition		NJDEP Waste Hauler ID No. WH25011		Cubic Yards of Waste 20	Name of Registered Landfill Lanchester Landfill				
City, State Wilmington, DE				Disposal Date		City, State			
Completed by Ronald Ormsby			Title Owner		Signature 		Date 4/14/2026		

13652



PAID

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

Check # **13652**

B & G Project # 2026-60

Date of Notification (1) 04/22/2026		Name of Building Owner/Operator (2) RESTORATION	
Agencies Notified	Type Notification	Street Address 320 Ridgewood Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Glen Ridge, NJ 07028	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Telephone Number	

MAY 11 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 320 Ridgewood Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Glen Ridge, NJ 07028		Square Feet	# of Floors
County (6) Essex		Current Use (Prior if being demolished) residential	

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

Start Date (10) 04/23/2026	Scheduled Completion Date (11) 04/24/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 laundry room			X	pipe insulation	11 LF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ		Disposal Date 04/24/2026	City, State Pen Argyl, PA
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 04/22/2026

2091

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

✓ # 2091

Date of Notification (1) 05 / 07 / 26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Efland Lane	
		City, State, Zip Code Willingboro, NJ 08046	
		Name of Contact	Telephone Number

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MAY 11 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 8 Efland Lane		Square Feet 25000	# of Floors 4+	Bldg. Age 50+
City (5) Willingboro, NJ 08046				
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) A. Mac Contracting Inc.		
Street Address		Street Address 176 Saddle River Avenue		
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606		
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156	

Start Date (10) 05 / 08 / 26	Scheduled Completion Date (11) 05 / 09 / 26	Name of OSHA Monitor Asbestos Analytical Labs		
--	---	---	--	--

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-PM/4:30 PM- AM		Street Address 51 Gage Road		
		City, State, Zip Code East Brunswick, NJ 08816		

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5 Yards	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 05-15-2026	City, State Pen Argyl, PA 08072		
Completed By (Print or Type) Ralph Barnhardt	Title Sr. Project Manager	Signature 		Date 05-07-2026	

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

289

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

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Date of Notification (1) 5/8/26		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Harvey Cir	
		City, State, Zip Code East Brunswick, NJ 08816	
		Name of Contact	Telephone Number

MAY 11 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 7 Harvey Cir		Square Feet	# of Floors
City (5) East Brunswick, NJ 08816		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Asbestos
Street Address		Street Address 2208B Hamilton Blvd	
City, State, Zip Code		City, State, Zip Code South Plainfield, NJ 07080	
Project Manager for Monitoring Firm		Telephone No. 732-289-7360	License No. 02010
Start Date (10) 5/9/26	Scheduled Completion Date (11) 5/14/26	Name of OSHA Monitor Chris Weber	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2208B Hamilton Blvd	
		City, State, Zip Code South Plainfield, NJ 07080	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	970SF	X			
		X							
		X							
		X							

Name of Registered Waste Hauler AAA Asbestos		NJDEP Waste Hauler ID No. 113709	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill	
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Frank Formisano		Title Owner	Signature		Date 5/8/26

Work 4/9/26

New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Per NJAC 8:60 and 12:120)

RECEIVED
 APR 9 2026

Date of Notification (1) 3/30/26		Name of Building Owner/Operator (2) DDVS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 28 Church Rd.	
		City, State, Zip Code Newton, NJ 07860	
		Name of _____	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 28 Church Rd.		Square Feet 3200	# of Floors 2
City (5) Newton		Bldg. Age 60 +/-	
County (6) Sussex	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.	Telephone No. 201-600-3184	License No. 01305	

Start Date (10) 3/31/26	Scheduled Completion Date (11) 4/12/26	Name of OSHA Monitor Same As Above		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

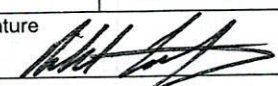
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		Plaster	2314 SF	X			
2nd Floor		X		Plaster	742 SF	X			

Name of Registered Waste Hauler A CENTURY WASTE	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30 yd	Name of Registered Landfill Grand Central Sanitary Landfill
City, State ELIZABETH, NJ	Disposal Date TBD	City, State Pen. Argyl, PA	
Completed by Anthony D'Arco	Title Office Manager	Signature 	Date 4/1/26

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

RECEIVED
 MAY 11 2026

Date of Notification (1) 5/5/26		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Park Ave.		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Morristown, NJ 07960						
			Name of Contact	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 9 Park Ave.			Square Feet 2600	# of Floors 2	Bldg. Age 60 +/-				
City (5) Morristown		County (6) Morris		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement					
Street Address			Street Address 55 Cannonball Rd.						
City, State, Zip Code			City, State, Zip Code Pompton Lakes, NJ 07442						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	License No. 01305				
Start Date (10) 5/18/26		Scheduled Completion Date (11) 5/21/26		Name of OSHA Monitor Same As Above					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M.			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	461 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 5 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 5/5/26			