Pg. 1

RECEIVED
SEP 28 2020
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9 / 24 / 26		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive**
		City, State, Zip Code: **Princeton, NJ 08544**
		Name of Contact: **Eric Emery** / Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**		
City (5): **Princeton**		Square Feet: / # of Floors: / Bldg. Age: **63**
County (6): **MERCER**	County Code (7)*(STATE USE ONLY)*:	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** / ASCM No.		Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** / Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040** / License No.: **02121**
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** / City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
West Bldg Suite 22-Kitchen and bathroom	☐	☒	☐	**Joint Compound**	**780 SF**	☒	☐	☐	☐
West Bldg Suite 22 Kitchen and bathroom	☐	☒	☐	**Flooring**	**131 SF**	☒	☐	☐	☐
West Bldg Suite 24 Kitchen	☐	☒	☐	**Joint Compound**	**19 LF**	☒	☐	☐	☐
South Bldg Suite 28 Kitchen	☐	☒	☐	**Joint compound**	**15 LF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro	Date: 9/24/26

ASB-41
MAY 11

B5260045

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

Pg. 2

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

Date of Notification (1): 9 / 24 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Harrison St & Hartley Ave**	
City (5): **Princeton** — Square Feet: — # of Floors: — Bldg. Age: **63**	
County (6): **MERCER** — County Code (7)*(STATE USE ONLY)*: —	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No.:	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**	Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**	City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26 — Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
South Bldg Suite 30 Kitchen and bathroom	☐	☒	☐	Joint Compound	780 SF	☒	☐	☐	☐
South Bldg Suite 38 Kitchen	☐	☒	☐	Joint Compound	6 LF	☒	☐	☐	☐
South Bldg Suite 40 Kitchen	☐	☒	☐	Joint Compound	15 LF	☒	☐	☐	☐
East Bldg Suite 289 Kitchen	☐	☒	☐	Joint Compound	15 LF	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage** — NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**	
City, State: **Freehold, NJ**	Disposal Date:	City, State: **MORRISVILLE, PA 19067**	
Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro UMO	Date: 9/24/26

ASB-41
MAY 11 BS260045

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

Pg 3

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

Date of Notification (1): 9 / 24 / 26		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive**	
		City, State, Zip Code: **Princeton, NJ 08544**	
		Name of Contact: **Eric Emery**	Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **Harrison St & Hartley Ave**			
City (5): **Princeton**		Square Feet:	# of Floors: Bldg. Age: **63**
County (6): **MERCER**	County Code (7)(*STATE USE ONLY*):	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc**	ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn**	Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET**	
		City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
East Bldg Suite 293 Kitchen and bathroom	☐	☒	☐	Joint Compound	1320 SF	☒	☐	☐	☐
East Bldg Suite 293 Kitchen and bathroom	☐	☒	☐	Flooring	249 SF	☒	☐	☐	☐
East Bldg Suite 295 Kitchen and bathroom	☐	☒	☐	Joint Compound	1321 SF	☒	☐	☐	☐
East Bldg Suite 295 Kitchen and bathroom	☐	☒	☐	Flooring	240 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro LMO	Date: 9/24/26

ASB-41
MAY 11 BS26045

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Pg. 4

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

Date of Notification (1): 9 / 24 / 26		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive**	
		City, State, Zip Code: **Princeton, NJ 08544**	
		Name of Contact: **Eric Emery**	Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **Harrison St & Hartley Ave**			
City (5): **Princeton**		Square Feet:	# of Floors: Bldg. Age: **63**
County (6): **MERCER**	County Code (7)*(STATE USE ONLY)*:	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc**	ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn**	Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET**	
		City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
East Bldg Suite 299 Kitchen	☐	☒	☐	Joint compound	15 LF	☒	☐	☐	☐
North Bldg Suite 87 Kitchen and bathroom	☐	☒	☐	Joint Compound	780 SF	☒	☐	☐	☐
North Bldg Suite 87 Kitchen and bathroom	☐	☒	☐	Flooring	131 SF	☒	☐	☐	☐
North Bldg Suite 89 Kitchen and bathroom	☐	☒	☐	Joint Compound	974 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro/LMP	Date: 9/24/26

ASB-41
MAY 11 BS2L0045

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

Pg. 5

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

Date of Notification (1): 9 / 24 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **Harrison St & Hartley Ave**			
City (5): **Princeton**		Square Feet:	# of Floors: — Bldg. Age: **63**
County (6): **MERCER**	County Code (7)*(STATE USE ONLY)*:	Current Use (Prior if being demolished):	

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc**	ASCM No.:	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn**	Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
North Bldg Suite 89 Kitchen and bathroom	☐	☒	☐	**Flooring**	**177 SF**	☒	☐	☐	☐
North Bldg Suite 97 Kitchen	☐	☒	☐	**Joint Compound**	**16 LF**	☒	☐	☐	☐
Common Corridors A level-All Buildings(13 total)	☐	☒	☐	**Floor tile and mastic**	**1722 SF**	☒	☐	☐	☐
Exterior Courtyard	☐	☒	☐	**Waterproofing**	**1940 SF**	☐	☒	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro	Date: 9/24/26

ASB-41
MAY 11 BS26045

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

Pg. 6

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 9 / 24 / 26		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive**	
		City, State, Zip Code: **Princeton, NJ 08544**	
		Name of Contact: **Eric Emery**	Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Dean Mathey Court Cmplex**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **Harrison St & Hartley Ave**			
City (5): **Princeton**		Square Feet	# of Floors / Bldg. Age: **63**
County (6): **MERCER**	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc**	ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn**	Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 7 / 13 / 26	Scheduled Completion Date (11): 1 / 6 / 27	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC.**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET**	
		City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior All Buildings	☐	☒	☐	**Storm Window Caulk**	**4140 LF**	☒	☐	☐	☐
Exterior All Buildings	☐	☒	☐	**Dryer/kitechen vent caulk**	**51 LF**	☒	☐	☐	☐
Throughout Complex	☐	☒	☐	**Caulk on sliding glass doors**	**342 LF**	☒	☐	☐	☐
Units 20, 22, 34, 87, 289 and 299	☐	☒	☐	**Joint compound**	**522 SF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro Limo	Date: 9/24/26

ASB-41
MAY 11 BS24045

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

50664

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

PAID

RECEIVED

OCT 5 0664

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 29 / 26		Name of Building Owner/Operator (2): Shore, LLC	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 1922 Hooper Avenue	
		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): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 225 Atlantic City Blvd.		Square Feet: 900	# of Floors: 1
City (5): Bayville			Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 09 / 30 / 26	Scheduled Completion Date (11): 10 / 01 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement	☐	☒	☐	asbestos floor tile	790 sf	☒	☐	☐	☐
	☐	☐	☐	a		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 10/01/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/29/26

ASB-41
JAN 13

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12034 Emergency PAID Check # 12034

Print Form

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/26/26	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment # ____ [x] Emergency (including justification) [ ] Cancellation
Street Address: 17 TALL TREE COURT	
City, State, Zip Code: TRENTON, NJ 08618	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SINGLE FAMILY DWELLING			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 17 TALL TREE COURT			
City (5): TRENTON, NJ 08618		Square Feet	# of Floors: 2 / Bldg. Age: 55
County (6): MERCER	County Code (7) *(STATE USE ONLY)* ____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): EPC TECHNOGIES INC	ASCM No.: N/A	Name of Abatement Contractor (9): EPC TECHNOGIES INC	
Street Address: P.O. BOX 337		Street Address: P.O. BOX 337	
City, State, Zip Code: NEW EGYPT, NJ 08533		City, State, Zip Code: NEW EGYPT, NJ 08533	
Project Manager for Monitoring Firm: STEVE SCHENKER	Telephone No.: 609-744-6384	Telephone No.: 609-744-6384	License No.: 00394
Start Date (10): SEPT 30, 2026	Scheduled Completion Date (11): SEPT 30, 2026	Name of OSHA Monitor: EPC TECHNOGIES INC	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: ____		Street Address: P.O. BOX 337 / City, State, Zip Code: NEW EGYPT, NJ 08533	

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-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
FAMILY ROOM DEN AREA		XXX		12X12 FLOOR TLES	225 SF	XXX			

Name of Registered Waste Hauler: EPC TECHNOGIES 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: 10/8/2026	City, State: MORRISVILLE, PA

Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: Steve Schenker	Date: 09/26/2026

ASB-41 (R-06-08)

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

RECEIVED
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/24/26 MS# 26-151	Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address 373 Ege Ave	
City, State, Zip Code Jersey City, NJ 07304	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 373 Ege Ave			
City (5) Jersey City, NJ		Square Feet 1,200	# of Floors 2
			Bldg. Age 90
County (6) Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc	
Street Address		Street Address 20 California Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8020	License No. 01169
Start Date (10) 09/28/26	Scheduled Completion Date (11) 09/29/26	Name of OSHA Monitor D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 Boiler Room		X		Boiler Insulation	35 SF	X			

Name of Registered Waste Hauler D&S Restoration, Inc	NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste 2 CYD	Name of Registered Landfill Tyllytown Recource Recovery
City, State 20 California Ave Paterson, NJ 07503		Disposal Date TBD	City, State Tullytown, PA
Completed by Bogdan Joldzic	Title President	Signature Bogdan Joldzic	Date 09/24/2026

ASB-41 (R-06-08)

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

RECEIVED
SEP 30 2026

Date of Notification (1)	Name of Building Owner/Operator (2)
09/10/2026	

Agencies Notified
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended
  Amendment #_____
- [x] Emergency (including justification)
- [ ] Cancellation

Street Address: 90 Hamburg Tpke

City, State, Zip Code: Bloomingdale, New Jersey, 07403

Name of Contact | Telephone Number

FACILITY INFORMATION

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

Street Address: 90 Hamburg Tpke

City (5): Bloomingdale, New Jersey, 07403

County (6): Passaic

County Code (7) *(STATE USE ONLY)* _____

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

Square Feet	# of Floors	Bldg. Age
		50+

Current Use (Prior if being demolished)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): ILV Contracting LLC

Street Address: 16 Hillcrest Ave

City, State, Zip Code: Clifton, New Jersey, 07013

Telephone No.: 917-480-8555 | License No.: 02132

Start Date (10): 09/12/2026

Scheduled Completion Date (11): 09/19/2026

Name of OSHA Monitor: ILV Contracting LLC

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

Street Address: 16 Hillcrest Ave

City, State, Zip Code: Clifton, New Jersey, 07013

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
ILV Contracting LLC	0042514		Grand Central landfirlf
City, State: Clifton, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Ivana Velkov	President	I Velkov	09/10/2026

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 09 / 22 / 26	Name of Building Owner/Operator (2): Pasckack Coastal Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☒ Cancellation
	Street Address: 155 Arthur Street
	City, State, Zip Code: Hillsdale, NJ 07642
	Name of Contact / Telephone Number

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 104 Bay Blvd.			
City (5): Seaside Heights		Square Feet: 900	# of Floors: 1 / Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 09 / 22 / 26	Scheduled Completion Date (11): 09 / 24 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	900 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 09/24/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/22/26

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ASBESTOS CONTROL & LICENSING

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

B & G Project # 2026-146

Check # 13868

Date of Notification (1): 09/04/2026	Name of Building Owner/Operator (2): Township of South Brunswick
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 540 Ridge Road
	City, State, Zip Code: Monmouth Junction, NJ 08852
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Ritter Road	
City (5): South Brunswick	Square Feet / # of Floors / Bldg. Age
County (6): Middlesex	County Code (7) (STATE USE ONLY) _____
	Current Use (Prior if being demolished): underground sewer lines
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address	Street Address: 1234 Route 23
City, State, Zip Code	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 973-696-6869 / License No.: 00378
Start Date (10): 09/14/2026 / Scheduled Completion Date (11): 10/31/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: underground sewer	Street Address: 1234 Route 23 / City, State, Zip Code: Butler, NJ 07405
Scope of Work (Check All That Apply): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition	☒ Wrap and Cut ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
main sewer line			X	transite pipe (wrap & cut)	125 LF	X			
manholes			X	transite pipe (wrap & cut)	15 LF	X			
services laterals			X	transite pipe (wrap & cut)	160 LF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 80 Yards	Name of Registered Landfill: Fairless Landfill
City, State: Butler, NJ		Disposal Date: 09/14/26 - 10/31/26	City, State: Morrisville, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 09/04/2026

ASB-41 (R-06-08)

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

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SEP 28 2026
CONTROL & LICENSING

Date of Notification (1): 9-21-26	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [ ] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 198 LINCOLN AVE
	City, State, Zip Code: BEVERLY NJ 08010
	Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 198 LINCOLN AVE	
City (5): BEVERLY	Square Feet: 1400 # of Floors: 2 Bldg. Age: NA
County (6): BURLINGTON	County Code (7) (STATE USE ONLY): _____ Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8): ATLAS ENV INSPECTION ASCM No.:	Name of Abatement Contractor (9): FRYMAR CONSTRUCTION
Street Address: PO BOX 11645	Street Address: 103 PRESERVE LN.
City, State, Zip Code: PHILA PA 19116	City, State, Zip Code: N. WALES PA 19454
Project Manager for Monitoring Firm: JASON DUA Telephone No.: 267-784-4693	Telephone No.: 267-784-4694 License No.: 01276
Start Date (10): 9-24-26 Scheduled Completion Date (11): 9-25-26	Name of OSHA Monitor: JASON DUA
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: PO BOX 11645
	City, State, Zip Code: PHILA PA 19116

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
LIVING ROOM			✓	JOINT COMPOUND	80 SF	✓			

Name of Registered Waste Hauler: FRYMAR CONSTRUCTION	NJDEP Waste Hauler ID No.: 0037659	Cubic Yards of Waste: NA	Name of Registered Landfill: WESTERN BERKS CL
City, State: N WALES PA		Disposal Date: NA	City, State: BIRDSBORO PA

Completed by: EFRAIM DUA	Title: VP	Signature: Efraim Dua	Date: 9-21-26

ASB-41 (R-06-08)

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

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SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9-11-2026	Name of Building Owner/Operator (2): Woodland Builders LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 184 Broad Street 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): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 111 Morris Avenue			
City (5): Summit, NJ 07901	Square Feet: 868	# of Floors: 2	Bldg. Age: 116+
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): Green Environmental Services, LLC	
Street Address		Street Address: 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code: Jersey City, NJ 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-333-8855	License No.: 01174
Start Date (10): 9-14-2026	Scheduled Completion Date (11): 9-18-2026	Name of OSHA Monitor: Green Environmental Services, LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 235 Virginia Avenue City, State, Zip Code: Jersey City, NJ 07304	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout the perimeter		X		Dust Control	868 SF				

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 100	Name of Registered Landfill: Grand Central Landfill
City, State: Newark NJ		Disposal Date: 9-18-2026	City, State: Pen Argyl PA

Completed by: Liliana Serrano	Title: Office Assistant	Signature: Liliana Serrano	Date: 9-11-2026

ASB-41 (R-06-08)

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8-30-26	Name of Building Owner/Operator (2): 3315 BAY AVE LP
Agencies Notified: ☑ EPA ☐ DEP ☑ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☑ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 720 FAYETTE ST
	City, State, Zip Code: CONSHOHOCKEN, PA 19428
	Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SEASPRAY	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 3315 BAY AVE	Square Feet: 10,000 # of Floors: 2 Bldg. Age: NA
City (5): OCEAN CITY	
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): ATLAS ENV. INSPECT ASCM No.:	Name of Abatement Contractor (9): FRYMAR CONSTRUCTION
Street Address: PO BOX 11645	Street Address: 103 PRESERVE LN.
City, State, Zip Code: PHILA PA 19116	City, State, Zip Code: N. WALES PA 19454
Project Manager for Monitoring Firm: JASON DUA Telephone No.: 267-784-4693	Telephone No.: 267-784-4694 License No.: 01276A
Start Date (10): 8-31-26 Scheduled Completion Date (11): 9-6-26	Name of OSHA Monitor: JASON DUA
Occupancy Status During Abatement (Check Only One): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: PO BOX 11645
	City, State, Zip Code: PHILA PA 19116

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf

☐ Renovation ☑ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE REMOVED 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
1ST FLOOR			✓	VINYL FLOORS	2700 SF	✓			
ROOF				ROOF FLASHING	60 LF	✓			
2ND FLOOR					100 SF	✓			

Name of Registered Waste Hauler: FRYMAR CONSTRUCTION	NJDEP Waste Hauler ID No.: 0036759	Cubic Yards of Waste: NA	Name of Registered Landfill: WESTERN BERKS CL
City, State: MONTGOMERYVILLE PA		Disposal Date: NA	City, State: BIRDSBORO PA

Completed by: EFRAIM DUA	Title: VP	Signature: [signature]	Date: 8-13-26

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SEP 24 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): September 22, 2026	Name of Building Owner/Operator (2): Our Lady of Sorrows - St. Anthony
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 2 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 3510 E. State Street
	City, State, Zip Code: Hamilton, NJ 08619
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): Our Lady of Sorrow (former convent)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 3600 E. State Street	
City (5): Hamilton	Square Feet: 9,000 / # of Floors: 3 / Bldg. Age: 60+
County (6): Mercer	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Convent preschool

Name of Monitoring Firm Hired by Building Owner (8): Environmental Technicians / ASCP ID#:	Name of Abatement Contractor (9): ecoservices, LLC
Street Address: 441 East High Street, #25	Street Address: 369 B National Road
City, State, Zip Code: Philadelphia, PA 19144	City, State, Zip Code: Exton, PA 19341
Project Manager for Monitoring Firm: Norman Harrison / Telephone No.: 215-200-9400	Telephone No.: 484-872-8884 / License No.: 01161
Start Date (10): October 5, 2026 / Scheduling Completion Date (11): November 30, 2026	Name of OSHA Monitor: EMSL
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe:	Street Address: 200 Route 1 North
	City, State, Zip Code: Clinamnson, NJ

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

Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Mechanical/Electrical Staff (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, sheetrock, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler Breaching	240 SF	X			

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 100	Name of Registered Landfill: Fairless Landfill
City, State: Trenton, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Jack Bally	Title: Sr. Project Manager	Signature: Jack Bally	Date: 9/22/26

ACO 41 (R-09-05)

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

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

4216537

Date of Notification (1) 9.17.26		Name of Building Owner/Operator (2) Macy's Inc.	
Agencies Notified [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address 145 Progress Place City, State, Zip Code Springdale, OH 45246 Name of Contact Katie Sauter	Telephone Number 513-579-7023

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Macy's Monmouth Mall		Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 180 NJ-35 Ste. 2000			
City (5) Eatontown		Square Feet 290000	# of Floors 3 / Bldg. Age 1959
County (6) Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Commercial	

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.	ASCM No.	Name of Abatement Contractor (9) A.C.M. Consulting Corp.	
Street Address 24 Commerce Street		Street Address 2150 Stanley Terrace	
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Union, NJ 07083	
Project Manager for Monitoring Firm Ralph Coppola	Telephone No. 973-265-9763	Telephone No. 908-687-1008	License No. 00575
Start Date (10) 10.5.26	Scheduled Completion Date (11) 12.31.26	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [x] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: M-F 9:30 PM - 6:30AM		Street Address 307 W. 38th Street City, State, Zip Code New York, NY 10018	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd Fl Backstage		X		Wood Flooring & Mastic	1200 SF	x			
3rd Fl Childrens		X		Wood Flooring & Mastic	1200 SF	x			
3rd Fl Intimate Apparel		X		Wood Flooring & Mastic	1300 SF	x			

Name of Registered Waste Hauler Tri-State Transfer Associates	NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise, Inc.
City, State Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH

Completed by Erik Carlson	Title Vice President	Signature	Date 9.17.26

ASB-41 (R-06-08)

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

13888

B & G Project # 2026-117

PAID

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

Check # REC 13888

SEP 22 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): September 18, 2026	Name of Building Owner/Operator (2): New Jersey Economic Development Authority
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # Resume [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 36 West State Street
	City, State, Zip Code: Trenton, NJ 08608
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Building	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Edward Hart Drive	
City (5): Jersey City	Square Feet: 30,275 / # of Floors: 2 / Bldg. Age: 50 +
County (6): Hudson / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Commercial
Name of Monitoring Firm Hired by Building Owner (8): AECOM Environment / ASCM No.	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 30 Knightsbridg3 Road, Suite 520	Street Address: 1234 Route 23
City, State, Zip Code: Piscataway, NJ 08854	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: Mark Connors / Telephone No.: 732-564-3600	Telephone No.: 973-696-6869 / License No.: 00378
Start Date (10): 09/21/2026 *** RESUME *** / Scheduled Completion Date (11): 10/09/2026 ***	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:	Street Address: 1234 Route 23 / City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-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
Interior			X	Floor tile adhesive	3,750 SF	X			
exterior			X	built-up roofing	7,980 SF	X			
exterior			X	roof flashing	550 LF	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: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 09/21/26 - 10/09/26	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 09/18/2026

ASB-41 (R-06-08)

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

1114
Approved by Tom Varnells 9/24/26

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

RECEIVED Check #4714
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **9/24/26**	Name of Building Owner / Operator (2): **Trenton Board of Education**
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☒ Emergency ☐ Cancellation
	Street Address: **1490 Prospect Street**
	City, State & Zip Code: **Trenton, NJ 08638**
	Name of Contact: **Mr. Dwayne Mosley** — Telephone Number: **609-656-4900**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Munoz Rivera Middle School**	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **400 North Montgomery Street**	Square Feet: **60,000** — # of Floors: **3** — Bldg. Age: **60+**
City (5): **Trenton** — County (6): **Mercer** — County Code (7):	Current Use (Prior if being demolished): **School**
Name of Monitoring Firm Hired by Building Owner (8): **Environmental Connection** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, LLC**
Street Address: **120 North Warren Street**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Trenton, NJ 08010**	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): **9/24/26** — Scheduled Completion Date (11): **9/27/26**	Name of OSHA Monitor: **Bristol Environmental, LLC**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: **4:30 PM – 1:00 AM** ☐ Facility Occupied During Abatement	Street Address: **1123 Beaver Street** City, State & Zip Code: **Bristol, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or 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
C-20	☐	☒	☐	Nail Crete	720 SF	☐	☒	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Bristol Environmental LLC**	NJDEP Waste Hauler ID No.: **20990**	Cubic Yards of Waste: **10 Cu yd**	Name of Registered Landfill: **WM Fairless Hills Landfil**
City, State: **Bristol, PA**		Disposal Date: **9/28/26**	City, State: **Morrisville, PA**

Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni	Date: **9/24/26**

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CHECK # 4705

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 8 / 26		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #5 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive** City, State, Zip Code: **Princeton, NJ 08544** Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall** Street Address: **106A Guyot Lane**		Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
City (5): **Princeton**		Square Feet: — # of Floors: — Bldg. Age: **63**
County (6): **MERCER**	County Code (7)*(STATE USE ONLY)*:	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** Street Address: **1253 North Church Rd** City, State, Zip Code: **Moorestown, NJ 08057**	ASCM No.: **00003**	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC** Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040** — License No.: **02121**
Start Date (10): 4 / 6 / 26 — Scheduled Completion Date (11): 10 / 16 / 26		Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, INC.**
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
1963 Wing B level and mezzanine	☐	☒	☐	**Joint Compound**	**1258 SF**	☒	☐	☐	☐
1963 Wing B level thru mezzanine	☐	☒	☐	**Transite exhaust duct**	**190 LF**	☒	☐	☐	☐
1979 Wing B Level	☐	☒	☐	**Vermiculite within CMU**	**5000 SF**	☒	☐	☐	☐
1959 Exterior	☐	☒	☐	**Wall Flashing**	**130 LF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, Inc**	NJDEP Waste Hauler ID No.: **15939**	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	**Estimator**	Brian Scafiro	9/8/26

ASB-41
MAY 11 BS2502-3

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

2103

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V# 2103

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JUN 22 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
06 / 19 / 26	Mendham Village

Agencies Notified	Type Notification	Street Address	
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	84 East Main Street	
		City, State, Zip Code: Mendham, NJ 07945	
		Name of Contact: Jared Meyer	Telephone Number: 908-297-0851

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Former Mendham Tennis Club	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 84 East Main Street	

City (5)	Square Feet	# of Floors	Bldg. Age
Mendham, NJ 07945	25000	2	50+

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Morris		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Pennoni Associates Inc.		A. Mac Contracting Inc.
Street Address: 130 West 29th Street, 11th Floor		Street Address: 176 Saddle River Avenue
City, State, Zip Code: New York, NY 10001		City, State, Zip Code: South Hackensack, NJ 07606

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Matthew L. Smith	212-239-7608	201-262-5841	00156

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
07 / 01 / 26	07 / 18 / 26	Asbestos Analytical Labs

Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-_PM/4:30 PM-_____AM	51 Gage Road
	City, State, Zip Code: East Brunswick, NJ 08816

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Ground Floor	☐	☒	☐	Mastic / Waterproofing	10,000 SF	☒	☐	☐	☐
Exterior	☐	☐	☐	Knee Wall Mastic	2500 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services, LLC	32797	30 Yards	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 07-18-2026	City, State: Pen Argyl, PA 08072

Completed By (Print or Type)	Title	Signature	Date
Ralph Barnhardt	Sr. Project Manager		06-19-2026

ASB-41
JAN 13

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

4249.

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

Date of Notification (1): 09 / 01 / 26		Name of Building Owner/Operator (2): City of Hoboken / Job #2608-3581 Chk. #4249 RECEIVED	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 94 Washington Street	SEP 15
		City, State, Zip Code: Hoboken NJ 07030	
		Name of Contact: Michael Chapla	Telephone Number: 201-420-2346

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hoboken Library		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 500 Park Avenue			
City (5): Hoboken		Square Feet: TBD	# of Floors: 3 / Bldg. Age: 120
County (6): Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Library	

Name of Monitoring Firm Hired by Building Owner (8): J.S. Held	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 48 Wall Street 17th Floor		Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: New York NY 10005		City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Jeff Anderson	Telephone No.: 201-918-1218	Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 09 / 14 / 26	Scheduled Completion Date (11): 09 / 25 / 26	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
First Level	☐	☐	☒	Floor Tile	2,900 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Asbestos and Mold Services Corp.	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton NJ		Disposal Date: 09/25/2026	City, State: Morrisville, PA 19067

Completed By (Print or Type): Kaysi Gruner	Title: Office Coordinator	Signature:	Date: 9/1/26

ASB-41
MAY 11

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 09 / 23 / 26	Name of Building Owner/Operator (2): Joint Base MDL, Lakehurst
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: Route 547, Building 5
	City, State, Zip Code: Lakehurst, NJ 08733
	Name of Contact: Thomas Hancock — Telephone Number: 732-323-7616

RECEIVED SEP 28 2026 ASBESTOS PROJECT & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Building 120			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Lansdowne Road			
City (5): Lakehurst	Square Feet: 100,000	# of Floors: 3	Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): Building

Name of Monitoring Firm Hired by Building Owner (8): Tiger Environmental	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 256A Jefferson Court		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Lakewood, NJ 08701		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Kelly Walton	Telephone No.: 908-862-4301	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 10 / 03 / 26	Scheduled Completion Date (11): 10 / 05 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton; City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
northeast stairwell	☐	☒	☐	asbestos pipe insulation	8 lf	☒	☐	☐	☐
Room B138	☐	☒	☐	duct insulation	64 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/05/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/23/26

ASB-41
JAN 13

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

13896

415'1138

B & G Project # 2026-145

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

Check # 13896

Date of Notification (1): 09/23/2026	Name of Building Owner/Operator (2): NJ SDA
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [ ] Initial [X] Amended Amendment # Resume [ ] Emergency (including justification) [ ] Cancellation	Street Address: 32 East Front Street SEP 28 2026 City, State, Zip Code: Trenton, NJ 08625 ASBESTOS CONTROL & LICENSING
Name of Contact: George Kloutis, Sr. Proj. Officer	Telephone Number: 609-858-5175

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Passaic High School	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 170 Paulison Avenue	
City (5): Passaic	Square Feet: # of Floors: Bldg. Age:
County (6): Passaic	County Code (7) *(STATE USE ONLY)*: Current Use (Prior if being demolished): Former Educational Facility
Name of Monitoring Firm Hired by Building Owner (8): ASCM No.:	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address:	Street Address: 1234 Route 23
City, State, Zip Code:	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 973-696-6869 License No.: 00378
Start Date (10): 09/25/2026 *** Scheduled Completion Date (11): 09/02/2027	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Unoccupied	Street Address: 1234 Route 23 City, State, Zip Code: Butler, NJ 07405
Scope of Work (Check All That Apply) [ ] ≥3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf [ ] Renovation [X] Demolition	[X] Wrap and Cut [X] Full Containment with Negative Pressure [X] Mini-Enclosure [X] Glovebag Procedure [X] Non-Exempted (*) and Non-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
See attached list of ACM's			X			X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 1,200	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 09/25/26 - 09/02/27	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 09/23/2026

ASB-41 (R-06-08)

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See attached list of asbestos-containing materials to be removed.

4625

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SEP 26 2025

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-21-2026	Name of Building Owner/Operator (2): The Hoboken Beautification Corp
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 132 Park Avenue City, State, Zip Code: Hoboken, NJ 07030 Name of Contact: John Heidenry Telephone Number: 917-532-8525

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1301 Willow Street			
City (5): Hoboken, NJ 07030		Square Feet: 2000	# of Floors: 1 / Bldg. Age: 65+
County (6): Hudson	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Green Environmental Services LLC	
Street Address		Street Address: 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code: Jersey City, NJ 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-333-8855	License No.: 01174
Start Date (10): 9-22-2026	Scheduled Completion Date (11): 9-28-2026	Name of OSHA Monitor: Green Environmental Services LLC	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:		Street Address: 235 Virginia Avenue City, State, Zip Code: Jersey City, NJ 07304	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-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
1s Floor Utility & Garage		X		White Water Proofing Paint	5000 SF	X			
Roof		X		Roof Flashing	300 SF	X			

Name of Registered Waste Hauler: Green Environmental Services	NJDEP Waste Hauler ID No.: 034889	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless Landfill
City, State: Jersey City, NJ		Disposal Date: 9-28-2026	City, State: Morrisville, PA

Completed by: Liliana Serrano	Title: Office Assistant	Signature: Liliana Serrano	Date: 9-21-2026

ASB-41 (R-06-08)

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

50642

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

SEP 2 50642

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 17 / 26	Name of Building Owner/Operator (2): Potts Excavating, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 316 Main Street
	City, State, Zip Code: West Creek, NJ 08092
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 13015 Beach Avenue			
City (5): LB Twp		Square Feet: 1750	# of Floors: 1 / Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address:		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code:		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 10 / 16 / 26	Scheduled Completion Date (11): 10 / 20 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1750 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/20/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 9/17/26

ASB-41
JAN 13

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50640

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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SEP 22 50640

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 17 / 26	Name of Building Owner/Operator (2): Potts Excavating, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 316 Main Street
	City, State, Zip Code: West Creek, NJ 08092
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 113 11th Street	
City (5): Beach Haven	Square Feet: 1800 / # of Floors: 1 / Bldg. Age: 80
County (6): Ocean / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 09 / 29 / 26 / Scheduled Completion Date (11): 10 / 01 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

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

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/01/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/17/26

ASB-41
JAN 13

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4235

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SEP 22 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/18/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 124 OCEAN AVE City, State, Zip Code: MONMOUTH BEACH NJ 07750 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 124 OCEAN AVE			
City (5): MONMOUTH BEACH		Square Feet:	# of Floors: / Bldg. Age:
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals	
Street Address:		Street Address: 6 White Dove Court	
City, State, Zip Code:		City, State, Zip Code: Lakewood, NJ, 08701	
Project Manager for Monitoring Firm:	Telephone No.	Telephone No.: 732-719-5649	License No.: 1200
Start Date (10): 10/06/2026	Scheduled Completion Date (11): 10/06/2026	Name of OSHA Monitor: AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[✓] ≥160 sf or ≥260 lf

[ ] Renovation
[✓] Demolition

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/06/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 09/18/2026

ASB-41 (R-06-08)

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9234

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

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SEP 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/18/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 856 1st Ave	
City, State, Zip Code: Raritan NJ 08869	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 856 1st Ave			
City (5): Raritan		Square Feet	# of Floors / Bldg. Age
County (6): Somerset	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demoiished)	

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): 10/05/2026	Scheduled Completion Date (11): 10/05/2026	Name of OSHA Monitor: AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

[✓] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[✓] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Interior				Pipe Insulation	20 LF	✓			

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: 10/05/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 9/18/2026

ASB-41 (R-06-08)

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1957

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

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SEP 23 2026
ASBESTOS

Date of Notification (1)	Name of Building Owner/Operator (2)
09/21/2026	

Agencies Notified	Type Notification	Street Address
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	7002 John F. Kennedy blvd East
		City, State, Zip Code: Guttenberg NJ 07093
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Street Address: 7002 John F. Kennedy Blvd East	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

City (5)	Square Feet	# of Floors	Bldg. Age
Gutternberg			

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

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		E & V Services LLC
Street Address		Street Address: 711 Sip Street
City, State, Zip Code		City, State, Zip Code: Union City NJ 07087
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-875-7290 / License No.: 02053

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/02/2026	10/15/2026	

Occupancy Status During Abatement (Check Only One)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____	City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
INTERIOR		x		POP CORN CEILING	860 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
TRISTATE TRANFER INC	24-1129	2	MINERVA ENTERPRISES LLC
City, State: BRONX NY 10474		Disposal Date	City, State: WAYNESBURG OH 44688

Completed by	Title	Signature	Date
Angel Penaherrera	Owner		09/21/2026

ASB-41 (R-06-08)

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13637

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

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SEP 24

Date of Notification (1): 9/21/26 MS# 26-148	Name of Building Owner/Operator (2)
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 205 Colonial Ct	
City, State, Zip Code: Teaneck, NJ 07666	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 205 Colonial Ct			
City (5): Teaneck, NJ		Square Feet: 1,300	# of Floors: 2 / Bldg. Age: 80
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Restoration, Inc	
Street Address		Street Address: 20 California Ave	
City, State, Zip Code		City, State, Zip Code: Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8020	License No.: 01169
Start Date (10): 10/01/26	Scheduled Completion Date (11): 10/02/26/26	Name of OSHA Monitor: D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Regular Hours		Street Address: 20 California Ave / City, State, Zip Code: Paterson, NJ 07503	

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	46 LF	X			

Name of Registered Waste Hauler: D&S Restoration, Inc	NJDEP Waste Hauler ID No.: 13506	Cubic Yards of Waste: 1CYD	Name of Registered Landfill: Tyllytown Recource Recovery
City, State: 20 California Ave Paterson, NJ 07503		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Bogdan Joldzic	Title: President	Signature: Bogdan Joldzic	Date: 09/21/2026

ASB-41 (R-06-08)

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

1028

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SEP 23

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 9/15/26

Type Notification

Agencies Notified: EPA; DEP; X DOL; X DOH; DCA

X Initial Notification

Name of Building Owner / Operator (2)

Street Address: **360 New Market Rd**

City, State & Zip Code: **Dunellen, NJ 08812**

Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residence**

Street Address: **360 New Market Rd**

City (5): **Dunellen** | County (6): **Middlesex** | County Code (7):

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

Square Feet: **2800** | # of Floors: **2** | Bldg. Age: **60**

Current Use (Prior if being demolished): **Residential**

Name of Monitoring Firm Hired by Building Owner (8): **Environmental Tactics, Inc** | ASCM No.

Street Address: **64 Broad Street**

City, State & Zip Code: **Matawan, NJ 07747**

Project Manager for Monitoring Firm: **Tom Geiger** | Telephone Number: **732-290-2217**

Name of Abatement Contractor (9): **Global Abatement Services, LLC**

Street Address: **P.O. Box 7620**

City, State & Zip Code: **Monroe Township, NJ 08831**

Telephone Number: **732-605-9062** | License Number: **00714**

Scheduled Start Date (10): **9/26/26** | Scheduled Completion Date (11): **9/28/26**

Name of OSHA Monitor: **Global Abatement Services, LLC**

Occupancy Status During Abatement (Check only one)
- X Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement**
- Other - Describe:

Street Address: **P.O. Box 7620**

City, State & Zip Code: **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)
- Demolition
- X Renovation
- Large Project
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Other: **Non-friable**

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	**N/A**	**Pipe insulation**	**100LF**	**Removal**

Name of Registered Waste Hauler: **Freehold Carting** | NJDEP Waste Hauler ID #: **18693** | Cu. Yds. of Waste: **10** | Name of Registered Landfill: **Fairless Hills**

City, State: **Freehold, NJ** | Disposal Date: **9/29/26** | City, State: **Fairless Hills, PA**

Completed By (Print or Type): **Dominick Tringali** | Title: **Pres.** | Signature: *Dominick Tringali* | Date: **9/15/26**

ASB-41 JUN 95 G4667

Print Form

1233

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

RECEIVED
SEP 22
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/16/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 8 Hunt Rd City, State, Zip Code: Bordentown NJ 08505 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 8 Hunt Rd			
City (5): Bordentown		Square Feet	# of Floors / Bldg. Age
County (6): Burlington	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals	
Street Address		Street Address: 6 White Dove Court	
City, State, Zip Code		City, State, Zip Code: Lakewood, NJ, 08701	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-719-5649	License No.: 1200
Start Date (10): 10/07/2026	Scheduled Completion Date (11): 10/07/2026	Name of OSHA Monitor: AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____		Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

[✓] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[✓] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Interior				Floor Tile	60 SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 3	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/07/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 09/16/2026

ASB-41 (R-06-08)

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

1361

Check# 1361

PAID

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

RECEIVED
SEP 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/18/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 535 Fairmount Avenue	
City, State, Zip Code: Chatham, NJ 07928	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private house		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 535 Fairmount Avenue		
City (5): Chatham, NJ 07928	Square Feet	# of Floors / Bldg. Age
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Gr Tech LLC
Street Address		Street Address: 576 Valley Road#283
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-356-3511 / License No.: 01127
Start Date (10): 09/29/2026	Scheduled Completion Date (11): 09/30/2026	Name of OSHA Monitor: Envirovision Consultants, Inc
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	15 LF	x			

Name of Registered Waste Hauler: Gr Tech LLC	NJDEP Waste Hauler ID No.: 0033785	Cubic Yards of Waste: TBD	Name of Registered Landfill: T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	Gradimir Ristanovic	09/18/2026

ASB-41 (R-06-08)

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

Print Form

5077

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

PAID

RECEIVED
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
9/23/26	

Agencies Notified	Type Notification	Street Address
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	39-38 Sunderland Dr.
		City, State, Zip Code: Fair Lawn, NJ 07410
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential Home	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 39-38 Sunderland Dr.	
City (5): Fair Lawn	Square Feet: 1900 / # of Floors: 2 / Bldg. Age: 60 +/-
County (6): Bergen / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Project Manager		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): 9/25/26	Scheduled Completion Date (11): 9/27/26	Name of OSHA Monitor: Same As Above
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8:00 A.M to 4 P.M		Street Address City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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		VAT	500 SF			X	

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
All Stages Abatement	0036592	0 YD	Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by	Title	Signature	Date
Richard Cristofol	President		9/23/26

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

ASB-41 (R-06-08)

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

RECEIVED
SEP 29 2026
ASBESTOS LICENSING

Date of Notification (1): 9/24/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 13 Pensacola St	
City, State, Zip Code: Old Bridge, NJ 08857	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 13 Pensacola St	
City (5): Old Bridge	Square Feet: unknown; # of Floors: 2; Bldg. Age: unknown
County (6): Middlesex; County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Child Center
Name of Monitoring Firm Hired by Building Owner (8): TBD; ASCM No.	Name of Abatement Contractor (9): Gold Coast Management LLC
Street Address	Street Address: 30 Sherman Ave
City, State, Zip Code	City, State, Zip Code: Jersey City, NJ 07307
Project Manager for Monitoring Firm: TBD; Telephone No.	Telephone No.: 908-270-8556; License No.: 02109
Start Date (10): 9/25/26; Scheduled Completion Date (11): 9/26/26	Name of OSHA Monitor: David Cuevas
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 74 Franklin Ave; City, State, Zip Code: East Orange, NJ 07017

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor Living Room	X		X	VAT	150 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 3	Name of Registered Landfill: Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morgantown PA

Completed by: John Kim	Title: President	Signature	Date: 9/24/2026

ASB-41 (R-06-08)

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NO 354680487

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

RECEIVED
SEP 30 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/17/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
Street Address: 19 ELMWOOD AVENUE	
City, State, Zip Code: MONTCLAIR,NJ.07042	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PRIVATE HOUSE		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 19 ELMWOOD AVENUE			
City (5): MONTCLAIR		Square Feet: N/A	# of Floors: N/A / 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): N/A	ASCM No.	Name of Abatement Contractor (9): EHW ABATEMENT LLC	
Street Address		Street Address: 89 FRANKLIN STREET	
City, State, Zip Code		City, State, Zip Code: PATERSON,NJ.07524	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-333-5144	License No.: 01274
Start Date (10): 09/19/2026	Scheduled Completion Date (11): 09/21/2026	Name of OSHA Monitor: EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: OCCUPIE		Street Address: 89 FRANKLIN STREET	
		City, State, Zip Code: PATERSON,NJ.07524	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEEMNT		X		PIPE INSULATION	48 LF	X			

Name of Registered Waste Hauler: EHW ABATEMENT LLC	NJDEP Waste Hauler ID No.: 0037095	Cubic Yards of Waste: TBD	Name of Registered Landfill: TRI STATE TRANSFER
City, State: PATERSON,NJ		Disposal Date: TBD	City, State: BRONX,NY
Completed by: VICTOR ESPIRITU	Title: PROJECT MANAGER	Signature	Date: 09/17/2026

ASB-41 (R-06-08)

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

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RECEIVED

SEP 30 2025

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/24/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 13 Jonquil Cir City, State, Zip Code: Fords, New Jersey 08863 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 13 Jonquil Cir	
City (5): Fords	Square Feet: # of Floors: Bldg. Age:
County (6): Middlesex County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): ASCM No.:	Name of Abatement Contractor (9): ILV Contracting LLC
Street Address:	Street Address: 16 Hillcrest Ave
City, State, Zip Code:	City, State, Zip Code: Clifton, New Jersey, 07013
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 917-480-8555 License No.: 02132
Start Date (10): 09/25/2026 Scheduled Completion Date (11): 10/01/2026	Name of OSHA Monitor: ILV Contracting LLC
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 16 Hillcrest Ave City, State, Zip Code: Clifton, New Jersey, 07013

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First Floor- Garage			NA	dry wall	320	x		x	
First Floor- Bathroom			NA	dry wall	120	x		x	

Name of Registered Waste Hauler: ILV Contracting LLC	NJDEP Waste Hauler ID No.: 0042514	Cubic Yards of Waste:	Name of Registered Landfill: Grand Central landfirlf
City, State: Clifton, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Ivana Velkov	Title: President	Signature: I Velkov	Date: 09/24/2026

ASB-41 (R-06-08)

* 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)

Date of Notification (1) 09/17/2026	Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 20 Tracey Dr City, State, Zip Code Milltown , New Jersey 08850 Name of Contact / Telephone Number

RECEIVED
SEP 30 2026
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 20 Tracey Dr	
City (5) Milltown	Square Feet / # of Floors / Bldg. Age
County (6) Midlessex	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) ILV Contracting LLC
Street Address		Street Address 16 Hillcrest Ave
City, State, Zip Code		City, State, Zip Code Clifton, New Jersey, 07013
Project Manager for Monitoring Firm / Telephone No.		Telephone No. 917-480-8555 / License No. 02132
Start Date (10) 09/18/2026	Scheduled Completion Date (11) 09/25/2026	Name of OSHA Monitor ILV Contracting LLC

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

Street Address
16 Hillcrest Ave
City, State, Zip Code
Clifton, New Jersey, 07013

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Second Floor			NA	Dry Wall	300	x		x	

Name of Registered Waste Hauler ILV Contracting LLC	NJDEP Waste Hauler ID No. 0042514	Cubic Yards of Waste	Name of Registered Landfill Grand Central landfill
City, State Clifton, New Jersey		Disposal Date TBD	City, State Pen Argyl, PA

Completed by Ivana Velkov	Title President	Signature I Velkov	Date 09/17/2026

ASB-41 (R-06-08)

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

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

Date of Notification (1) 09/15/2026	Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address 6 Colonial Court	
City, State, Zip Code Dumont , New jersey,	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 6 Colonial Court			
City (5) Dumont		Square Feet	# of Floors / Bldg. Age
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) ILV Contracting LLC	
Street Address		Street Address 16 Hillcrest Ave	
City, State, Zip Code		City, State, Zip Code Clifton, New Jersey, 07013	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 917-480-8555	License No. 02132
Start Date (10) 09/25/2026	Scheduled Completion Date (11) 10/01/2026	Name of OSHA Monitor ILV Contracting LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 16 Hillcrest Ave City, State, Zip Code Clifton, New Jersey, 07013	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			NA	Tiles and Mastic	220	x		x	
Basement			NA	pipe insulation	40	x		x	

Name of Registered Waste Hauler ILV Contracting LLC	NJDEP Waste Hauler ID No. 0042514	Cubic Yards of Waste	Name of Registered Landfill Grand Central landfirlf
City, State Clifton, New Jersey		Disposal Date TBD	City, State Pen Argyl, PA

Completed by Ivana Velkov	Title President	Signature I Velkov	Date 09/15/2026

ASB-41 (R-06-08)

* 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)

PAID

RECEIVED
SEP 30 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/15/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 21 Sheffield Terrace City, State, Zip Code: West Orange , New Jersey , 07052 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 21 Sheffield Terrace			
City (5): West Orange	Square Feet:	# of Floors:	Bldg. Age:
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residental

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ILV Contracting LLC	
Street Address		Street Address: 16 Hillcrest Ave	
City, State, Zip Code		City, State, Zip Code: Clifton New Jersey 07013	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 917-403-3160	License No.: 02132
Start Date (10): 09/16/2026	Scheduled Completion Date (11): 09/22/2026	Name of OSHA Monitor: ILV Contracting LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 16 Hillcrest Ave City, State, Zip Code: Clifton New Jersey 07013	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: ILV Contracting LLC	NJDEP Waste Hauler ID No.: 0042514	Cubic Yards of Waste:	Name of Registered Landfill: Grand Central Landfield
City, State: Clifton, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Ivana Velkov	Title: President	Signature: I Velkov	Date: 09/15/2026

ASB-41 (R-06-08)

* 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)

Date of Notification (1) 08/27/2026	Name of Building Owner/Operator (2)

Agencies Notified	Type Notification	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 30 Mountain Ave City, State, Zip Code: Cedar Grove , New Jersey , 07009 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 30 Mountain Ave			
City (5) Cedar Grove		Square Feet	# of Floors / Bldg. Age
County (6) Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ILV Contracting LLC	
Street Address		Street Address 16 Hillcrest Ave	
City, State, Zip Code		City, State, Zip Code Clifton, New Jersey, 07013	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 917-480-8555	License No. 02132
Start Date (10) 09/10/2026	Scheduled Completion Date (11) 09/17/2026	Name of OSHA Monitor ILV Contracting LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 16 Hillcrest Ave City, State, Zip Code Clifton, New Jersey, 07013	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			NA	Tiles	140	x		x	

Name of Registered Waste Hauler ILV Contracting LLC	NJDEP Waste Hauler ID No. 0042514	Cubic Yards of Waste	Name of Registered Landfill Grand Central landfirlf
City, State Clifton, New Jersey		Disposal Date TBD	City, State Pen Argyl, PA
Completed by Ivana Velkov	Title President	Signature I Velkov	Date 08/27/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/23/26 MS# 26-150	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 90 Oak St City, State, Zip Code: Dover, NJ 07801 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 90 Oak St			
City (5): Dover, NJ		Square Feet: 1,000	# of Floors: 2 / Bldg. Age: 80
County (6): Morris	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.		Name of Abatement Contractor (9): D&S Restoration, Inc
Street Address			Street Address: 20 California Ave
City, State, Zip Code			City, State, Zip Code: Paterson, NJ 07503
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8020	License No.: 01169
Start Date (10): 09/25/26	Scheduled Completion Date (11): 09/28/26		Name of OSHA Monitor: D&S Restoration, Inc
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours			Street Address: 20 California Ave City, State, Zip Code: Paterson, NJ 07503

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
1st Floor Kitchen		X		Plywood with felt paper	135 SF	X			

Name of Registered Waste Hauler: D&S Restoration, Inc	NJDEP Waste Hauler ID No.: 13506	Cubic Yards of Waste: 3 CYD	Name of Registered Landfill: Tyllytown Recource Recovery
City, State: 20 California Ave Paterson, NJ 07503		Disposal Date: TBD	City, State: Tullytown, PA
Completed by: Bogdan Joldzic	Title: President	Signature:	Date: 09/23/2026

ASB-41 (R-06-08)

* 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)

B & G Project # 2026-146

Check # 13868

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BUREAU OF LICENSING

Date of Notification (1): 09/04/2026	Name of Building Owner/Operator (2): Township of South Brunswick
Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 540 Ridge Road
	City, State, Zip Code: Monmouth Junction, NJ 08852
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Dundee Road	
City (5): South Brunswick	Square Feet / # of Floors / Bldg. Age
County (6): Middlesex; County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): underground sewer lines
Name of Monitoring Firm Hired by Building Owner (8); ASCM No.	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address	Street Address: 1234 Route 23
City, State, Zip Code	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm; Telephone No.	Telephone No.: 973-696-6869; License No.: 00378
Start Date (10): 09/14/2026; Scheduled Completion Date (11): 10/31/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: underground sewer	Street Address: 1234 Route 23; City, State, Zip Code: Butler, NJ 07405
Scope of Work (Check All That Apply): [ ] ≥3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf; [X] Renovation [ ] Demolition	[X] Wrap and Cut [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [X] Non-Exempted (*) and Non-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
main sewer line			X	transite pipe (wrap & cut)	125 LF	X			
manholes			X	transite pipe (wrap & cut)	35 LF	X			
services laterals			X	transite pipe (wrap & cut)	440 LF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 80 Yards	Name of Registered Landfill: Fairless Landfill
City, State: Butler, NJ		Disposal Date: 09/14/26 - 10/31/26	City, State: Morrisville, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 09/04/2026

ASB-41 (R-06-08)

* 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)

Date of Notification (1): August 11, 2026	Name of Building Owner/Operator (2): First Hope Bank
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 161 Newton Sparta Rd.
	City, State, Zip Code: Newton NJ 07860
	Name of Contact:	Telephone Number:

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residents		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1 New Walnut Street			
City (5): North Plainfield		Square Feet: 2,240	# of Floors: 2	Bldg. Age: 1924
County (6): Somerset	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): residential	
Name of Monitoring Firm Hired by Building Owner (8)	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): 9/3/2026	Scheduled Completion Date (11): 9/8/2026	Name of OSHA Monitor: Checkmark Industrial	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 54 Morgan Dr	
		City, State, Zip Code: Sparta NJ 07871	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
kitchen and dining room		X		asbestos vinyl tile	270 SF	X			

Name of Registered Waste Hauler: Atlantic Carting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 4	Name of Registered Landfill: Grand Central
City, State: Wayne NJ		Disposal Date	City, State: Pen Agryl PA
Completed by: Corey Stankovic	Title: CEO	Signature: C Stankovic	Date: 9/2/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/25/26	Name of Building Owner/Operator (2): RAPID RESPONSE RESTORATION
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. BOX 2292
	City, State, Zip Code: FLEMINGTON, NJ 08822
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SINGLE FAMILY DWELLING	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 686 COLONIAL ARMS ROAD	
City (5): UNION, NJ 07083	Square Feet:	# of Floors: 2	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): EPC TECHNOGIES INC	ASCM No.: N/A	Name of Abatement Contractor (9): EPC TECHNOGIES INC
Street Address: P.O. BOX 337		Street Address: P.O. BOX 337
City, State, Zip Code: NEW EGYPT, NJ 08533		City, State, Zip Code: NEW EGYPT, NJ 08533
Project Manager for Monitoring Firm: STEVE SCHENKER	Telephone No.: 609-744-6384	Telephone No.: 609-744-6384 License No.: 00394
Start Date (10): OCT 5, 2026	Scheduled Completion Date (11): OCT 7, 2026	Name of OSHA Monitor: EPC TECHNOGIES INC
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: P.O. BOX 337 City, State, Zip Code: NEW EGYPT, NJ 08533

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
LOWER LEVEL (BASEMENT)		XXX		FLOOR/MASTIC	425 SF	XXX			

Name of Registered Waste Hauler: EPC TECHNOGIES INC	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 2	Name of Registered Landfill: FAIRLESS LANDFILL
City, State: NEW EGYPT, NJ 08533		Disposal Date: 10/8/2026	City, State: MORRISVILLE, PA

Completed by: STEVE SCHENKER	Title: PRESIDENT	Signature: Steve Schenker	Date: 09/25/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/25/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 315 E 14th Ave	
City, State, Zip Code: North Wildwood NJ 08260	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 315 E 14th Ave	Square Feet / # of Floors / Bldg. Age
City (5): North Wildwood	
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): 10/08/2026 / Scheduled Completion Date (11): 10/08/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/08/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 9/25/2026

ASB-41 (R-06-08)

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

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CONTROL & LICENSING

Date of Notification (1): 9/23/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 298 50th Street City, State, Zip Code: Avalon NJ 08202 Name of Contact / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 298 50th Street			
City (5): Avalon			Square Feet / # 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): 10/07/2026	Scheduled Completion Date (11): 10/07/2026	Name of OSHA Monitor: AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/07/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 9/23/2026

ASB-41 (R-06-08)

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

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SEP 28 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
9/22/2026	

Agencies Notified
- ☐ EPA
- ☐ DEP
- ☒ DOL
- ☒ DOH
- ☐ DCA

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

Street Address: 11 Sunset Ave.
City, State, Zip Code: North Arlington, NJ 07031
Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 11 Sunset Ave.	
City (5): North Arlington, NJ 07031	Square Feet: 1,800 | # of Floors: 2 | Bldg. Age: 1910
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)
		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/3/2026	10/7/2026	Iris Environmental Laboratories, Inc.

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

Street Address: 2333 Route 22 West
City, State, Zip Code: Union, NJ 07083

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
2nd Floor Stairs			X	Wall Plaster	150 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Danvic Contracting LLC	37574	TBD	Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Jeymy Donneys	Owner	Jeymy Donneys	9/22/2026

ASB-41 (R-06-08)

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

Date of Notification (1): 9-22-26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☐ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 118 PENNYPACKER DR.	
City, State, Zip Code: WILLINGBORO NJ 08046	ASBESTOS CONTROL & LICENSING
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 118 PENNYPACKER DR.	Square Feet: 1600 # of Floors: 2 Bldg. Age: NA
City (5): WILLINGBORO	
County (6): BURLINGTON	County Code (7) (STATE USE ONLY): _____
	Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8): ATLAS ENV. INSPECT	ASCM No.:
Street Address: PO BOX 11645	Name of Abatement Contractor (9): FRYMAR CONSTRUCTION
City, State, Zip Code: PHILA PA 19116	Street Address: 103 RESERVE LN.
Project Manager for Monitoring Firm: JASON DUA	Telephone No.: 267-784-4693
	City, State, Zip Code: N. WALES PA 19454
	Telephone No.: 267-784-4694 License No.: 01276
Start Date (10): 10-8-26	Scheduled Completion Date (11): 10-10-26
	Name of OSHA Monitor: JASON DUA
Occupancy Status During Abatement (Check Only One): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: PO BOX 11645
	City, State, Zip Code: PHILA PA 19116

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
LIVING ROOM			✓	JOINT COMPOUND	60 SF	✓			
DINING ROOM			✓	JOINT COMPOUND	60 SF	✓			

Name of Registered Waste Hauler: FRYMAR CONSTRUCTION	NJDEP Waste Hauler ID No.: 0037659	Cubic Yards of Waste: NA	Name of Registered Landfill: WESTERN BERKS CL.
City/State: N. WALES PA		Disposal Date: NA	City, State: BIRDSBORO PA

Completed by: EFRAIM DUA	Title: VP	Signature:	Date: 9-22-26

ASB-41 (R-06-08)

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

Date of Notification (1): 09 / 23 / 26	Name of Building Owner/Operator (2): Russo Acquisitions, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 203 Stanford Road
	City, State, Zip Code: Fairless Hills, PA 19030
	Name of Contact / Telephone Number

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 907 North Central Avenue			
City (5): Surf City	Square Feet: 1750	# of Floors: 2	Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 09 / 25 / 26	Scheduled Completion Date (11): 09 / 28 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1750 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 09/28/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/23/26

ASB-41
JAN 13

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09 / 23 / 26	Atlantic Building Company

Agencies Notified	Type Notification	Street Address	Name of Contact	Telephone Number
☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☒ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	75 Taylor Avenue City, State, Zip Code: Manasquan, NJ 08736		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 77 East Atlantic Way	

City (5)	Square Feet	# of Floors	Bldg. Age
Lavallette	800	1	80

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Ocean		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10 / 05 / 26	10 / 06 / 26	E.M.S.L. Analytical

Occupancy Status During Abatement (Check only one)	Street Address / City, State, Zip Code
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	1056 Stelton Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	800 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/06/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		9/23/26

ASB-41
JAN 13

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09 / 08 / 26	

Agencies Notified	Type Notification	Street Address
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	55 E River Drive
		City, State, Zip Code: Willingboro NJ 08046
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential Property	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 55 E River Drive	

City (5)	Square Feet	# of Floors	Bldg. Age
Willingboro	1954	2	1967

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Burlington		Residential

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Criterion Labs		Asbestos and Mold Services, Corp.
Street Address: 400 Street Road		Street Address: 70 Stacy Haines Road Suite 4
City, State, Zip Code: Bensalem PA 19020		City, State, Zip Code: Lumberton NJ 08048

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Office	215-244-1300	609-702-0400	00862

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
09 / 14 / 26	09 / 16 / 26	EMSL Analytical, Inc.

Occupancy Status During Abatement (Check only one)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	200 U.S. Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Bathroom	☐	☐	☒	Joint Compound	32 SF	☒	☐	☐	☐
Dining Room	☐	☐	☒	Joint Compound	26 SF	☒	☐	☐	☐
Foyer	☐	☐	☒	Floor Tile	58 SF	☒	☐	☐	☐
Living Room	☐	☐	☒	Floor Tile	167 SF	☒	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Asbestos and Mold Services Corp	0035680	80	Fairless Hills
City, State: Lumberton, NJ		Disposal Date: 09/16/2026	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
Kaysi Gruner	Office Admin		

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09 / 22 / 26	Potts Excavating, Inc.

Agencies Notified	Type Notification	Street Address
☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	316 Main Street

City, State, Zip Code	Name of Contact	Telephone Number
West Creek, NJ 08092		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 14 E. 85th Street	

City (5)	Square Feet	# of Floors	Bldg. Age
LB Twp	2000	2	80

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Ocean		Residence

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		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.	License No.
		732-349-9932	00624

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
10 / 12 / 26	10 / 14 / 26	E.M.S.L. Analytical

Occupancy Status During Abatement (Check only one)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	2200 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	5	Fairless Landfill

City, State	Disposal Date	City, State
Toms River, New Jersey	10/14/26	Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		9/22/26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09 / 22 / 26		Name of Building Owner/Operator (2): Potts Excavating, Inc. 5.0650	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 316 Main Street	
		City, State, Zip Code: West Creek, NJ 08092	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 1819 N. Long Beach Blvd.			
City (5): Surf City		Square Feet: 2200	# 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): 10 / 02 / 26	Scheduled Completion Date (11): 10 / 05 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	900 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/05/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/22/26

ASB-41
JAN 13

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/21/26	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 712 Coolidge Ave.	
City, State, Zip Code: North Plainfield, NJ 07663	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 712 Coolidge Ave.			
City (5): North Plainfield		Square Feet: 2200	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Somerset	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): 10/1/26	Scheduled Completion Date (11): 10/4/26	Name of OSHA Monitor: Same As Above	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8:00 A.M to 4 P.M		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 7 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA
Completed by: Richard Cristofol	Title: President	Signature:	Date: 9/21/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/22/26	Name of Building Owner/Operator (2): Wolf & Willow Group
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 90 Knickerbocker Rd.
	City, State, Zip Code: Closter, NJ 07624
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 90 Knickerbocker Rd.			
City (5): Closter		Square Feet: 3000	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home	
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address:		Street Address: 55 Cannonball Rd.	
City, State, Zip Code:		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 10/5/26	Scheduled Completion Date (11): 10/7/26	Name of OSHA Monitor: Same As Above	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8:00 A.M to 4 P.M		Street Address: / City, State, Zip Code:	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	240 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 3 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature:	Date: 9/22/26

ASB-41 (R-06-08)

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

4924

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

PAID

4408645

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SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 23 / 26	Name of Building Owner/Operator (2): SETON HALL UNIVERSITY — CHECK#4924
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 400 S. ORANGE AVENUE
	City, State, Zip Code: S ORANGE, NJ 07079
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 362 South Orange Avenue	
City (5): South Orange	Square Feet: 2,500 / # of Floors: 2 / 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): EA Services Corporation
Street Address		Street Address: 530 Church Street- Suite 6
City, State, Zip Code		City, State, Zip Code: Ridgefield, NJ 07657
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 201-295-1700 / License No.: 01074
Start Date (10): 10 / 03 / 26	Scheduled Completion Date (11): 10 / 07 / 26	Name of OSHA Monitor: Same as above
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM-_____PM/_____PM-_____AM		Street Address / City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Attic and Second Floor Kitchen	☐	☒	☐	Linoleum under ceramic	300 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: EA Services Corporation	NJDEP Waste Hauler ID No.: 103879	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: Marisabel	Date: 9/23/26

ASB-41
JAN 13

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130 Ck # 6130

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4408643

Print Form

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

RECEIVED
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/21/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 409 Philadelphia Blvd	
City, State, Zip Code: Sea Girt, New Jersey	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 409 Philadelphia Blvd			
City (5): Sea Girt		Square Feet: 2000	# of Floors: 2	Bldg. Age: 65+
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): residence	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): 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.	Telephone No.: 7322941757	License No.: 00029
Start Date (10): 9/30/26	Scheduled Completion Date (11): 10/2/26	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 7am-7pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

Name of Registered Waste Hauler: Ace Insulation Co., Inc	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 3	Name of Registered Landfill: Chrins
City, State: Colts Neck, New Jersey		Disposal Date: 10/2/26	City, State: Easton, PA
Completed by: Bree McGuire	Title: Secretary Treasurer	Signature	Date: 9/21/26

ASB-41 (R-06-08)

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

0218

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/22/2026	

Agencies Notified
- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended
- [ ] Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 176 South Mountain Ave,
City, State, Zip Code: Montclair, NJ 07042
Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address: 176 South Mountain Ave,

City (5): Montclair

County (6): Essex

County Code (7) *(STATE USE ONLY)* _____

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

Square Feet	# of Floors	Bldg. Age
5,000	3	150

Current Use (Prior if being demolished)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): Acme Professional Services Corp
Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405
Telephone No.: 973-938-5266 | License No.: 02003

Start Date (10)	Scheduled Completion Date (11)
10/02/2026	10/03/2026

Name of OSHA Monitor: Arsenije Adamov
Street Address: 170 Kinnelon Rd, Suite 32
City, State, Zip Code: Kinnelon, NJ 07405

Occupancy Status During Abatement (Check Only One)
- [x] 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
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bedroom #1		✓		ACM Tile	450 SF	✓			
Bedroom #1 - Closet		✓		ACM Tile	25 SF	✓			
Bedroom #1 - Closet		✓		ACM TIle	25 SF	✓			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Acme Professional Services Corp	0038176	2	Fairless Landfill
City, State: Kinnelon, NJ		Disposal Date: 10/05/2026	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Samantha Zamora	Project Coordinator	Samantha Zamora	09/22/2026

ASB-41 (R-06-08)

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30659

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4406180

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

RECEIVED 30659
SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 25 / 26	Name of Building Owner/Operator (2): Pasckack Coastal Construction
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 155 Arthur Street
	City, State, Zip Code: Hillsdale, NJ 07642
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 104 Bay Blvd.		Square Feet: 900	# of Floors: 1 / Bldg. Age: 80
City (5): Seaside Heights			
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): 10 / 05 / 26	Scheduled Completion Date (11): 10 / 07 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	900 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/07/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 9/25/26

ASB-41
JAN 13

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1965

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Chk # 1965

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BUREAU OF CONTROL & LICENSING

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

Date of Notification (1) 9/22/2026		Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 1125 Howard St. 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) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 1125 Howard St.			
City (5) Union, NJ 07083		Square Feet 1,450	# of Floors 2 / Bldg. Age 1942
County (6) Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	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) 10/4/2026	Scheduled Completion Date (11) 10/6/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: OCCUPIED		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	110 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 Jeymy Donneys	Date 9/22/2026

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ASB-41 (R-06-08)

13638

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SEP 28 2025

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/21/26 MS# 26-149	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 11 Liberty St	
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): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 11 Liberty St			
City (5): Bloomfield, NJ		Square Feet: 1,000	# of Floors: 2 / Bldg. Age: 80
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Restoration, Inc	
Street Address		Street Address: 20 California Ave	
City, State, Zip Code		City, State, Zip Code: Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8020	License No.: 01169
Start Date (10): 10/02/26	Scheduled Completion Date (11): 10/05/26	Name of OSHA Monitor: D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address: 20 California Ave / City, State, Zip Code: Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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	60 LF	X			
Basement		X		Boiler Insulation	40 SF	X			

Name of Registered Waste Hauler: D&S Restoration, Inc	NJDEP Waste Hauler ID No.: 13506	Cubic Yards of Waste: 3 CYD	Name of Registered Landfill: Tyllytown Recource Recovery
City, State: 20 California Ave Paterson, NJ 07503		Disposal Date: TBD	City, State: Tullytown, PA
Completed by: Bogdan Joldzic	Title: President	Signature: Bogdan Joldzic	Date: 09/21/2026

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ASB-41 (R-06-08)

13650

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ASBESTOS CONTROL & LICENSING

Print Form

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

PAID

Date of Notification (1): 9/24/26 MS# 26-152	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 206 11th Street City, State, Zip Code: Hoboken, NJ 07030 Name of Contact / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 206 11th Street			
City (5): Hoboken, NJ		Square Feet: 1,000	# of Floors: 3 / Bldg. Age: 90
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Restoration, Inc	
Street Address		Street Address: 20 California Ave	
City, State, Zip Code		City, State, Zip Code: Paterson, NJ 07503	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8020	License No.: 01169
Start Date (10): 10/06/26	Scheduled Completion Date (11): 10/07/26	Name of OSHA Monitor: D&S Restoration, Inc	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours		Street Address: 20 California Ave City, State, Zip Code: Paterson, NJ 07503	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Section of Basement & Boiler Room		X		Pipe Insulation	118 LF	X			

Name of Registered Waste Hauler: D&S Restoration, Inc	NJDEP Waste Hauler ID No.: 13506	Cubic Yards of Waste: 3 CYD	Name of Registered Landfill: Tyllytown Recource Recovery
City, State: 20 California Ave Paterson, NJ 07503		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Bogdan Joldzic	Title: President	Signature:	Date: 09/24/2026

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

ASB-41 (R-06-08)

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

Date of Notification (1) 08/27/2026	Name of Building Owner/Operator (2)

Agencies Notified	Type Notification	Street Address / City, State, Zip Code / Name of Contact / Telephone Number
☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 308 1/2 13th ave City, State, Zip Code: Belmar, New Jersey 07719 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 308 1/2 13th Ave			
City (5) Belmar		Square Feet	# of Floors / Bldg. Age
County (6) Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ILV Contracting LLC	
Street Address		Street Address 16 Hillcrest Ave	
City, State, Zip Code		City, State, Zip Code Clifton, New Jersey, 07013	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 917-480-8555	License No. 02132
Start Date (10) 09/05/2026	Scheduled Completion Date (11) 09/12/2026	Name of OSHA Monitor ILV Contracting LLC	

Occupancy Status During Abatement (Check Only One)

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

Street Address: 16 Hillcrest Ave
City, State, Zip Code: Clifton, New Jersey, 07013

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			na	pipe insulation	60	x		x	

Name of Registered Waste Hauler ILV Contracting LLC	NJDEP Waste Hauler ID No. 0042514	Cubic Yards of Waste	Name of Registered Landfill Grand Central landfirlf
City, State Clifton, New Jersey		Disposal Date TBD	City, State Pen Argyl, PA

Completed by Ivana Velkov	Title President	Signature I Velkov	Date 08/27/2026

ASB-41 (R-06-08)

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

13398

H408610

B & G Project # 2026-146

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

Check # 13885

Date of Notification (1): 09/04/2026	Name of Building Owner/Operator (2): Township of South Brunswick
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 540 Ridge Road
	City, State, Zip Code: Monmouth Junction, NJ 08852
	Name of Contact: _____ Telephone Number: _____

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Stillwell Road	
City (5): South Brunswick	Square Feet: _____ # of Floors: _____ Bldg. Age: _____
County (6): Middlesex	County Code (7) (STATE USE ONLY): _____ Current Use (Prior if being demolished): underground sewer lines
Name of Monitoring Firm Hired by Building Owner (8): _____ ASCM No.: _____	Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: _____	Street Address: 1234 Route 23
City, State, Zip Code: _____	City, State, Zip Code: Butler, NJ 07405
Project Manager for Monitoring Firm: _____ Telephone No.: _____	Telephone No.: 973-696-6869 License No.: 00378
Start Date (10): 09/14/2026 Scheduled Completion Date (11): 10/31/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: underground sewer	Street Address: 1234 Route 23 City, State, Zip Code: Butler, NJ 07405
Scope of Work (Check All That Apply): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition	☒ Wrap and Cut ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
main sewer line			X	transite pipe (wrap & cut)	50 LF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 80 Yards	Name of Registered Landfill: Fairless Landfill
City, State: Butler, NJ		Disposal Date: 09/14/26 - 10/31/26	City, State: Morrisville, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 09/04/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/23/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 2 UNION ST	
City, State, Zip Code: JERSEY CITY 07304	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 UNION ST	Square Feet / # of Floors / Bldg. Age
City (5): Jersey City	
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____
Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): 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): 10/09/2026 / Scheduled Completion Date (11): 10/12/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Interior				Pipe Insulation	50 LF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No: 35103	Cubic Yards of Waste: 4	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/12/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 09/23/2026

ASB-41 (R-06-08)

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

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SEP 28 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/23/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2 Mohawk Ln City, State, Zip Code: Parlin NJ 08859 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 Mohawk Ln			
City (5): Parlin			Square Feet: # of Floors: Bldg. Age:
County (6): Middlesex	County Code (7) *(STATE USE ONLY)*:		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.		Name of Abatement Contractor (9): 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): 10/13/2026	Scheduled Completion Date (11): 10/13/2026		Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____			Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[✓] ≥160 sf or ≥260 lf

[✓] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Interior				Floor Tile	550 SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 3	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/13/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 09/23/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/23/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 104 Cleveland Ave	
City, State, Zip Code: Somers Point, NJ 08244	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 104 Cleveland Ave	
City (5): Somers Point	Square Feet / # of Floors / Bldg. Age
County (6): Atlantic	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 10/15/2026 / Scheduled Completion Date (11): 10/15/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____	Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[✓] ≥160 sf or ≥260 lf

[ ] Renovation
[✓] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Exerior				Siding	1500SF	✓			

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: 10/15/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 09/23/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/22/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 60 Ridge Ave City, State, Zip Code: Park Ridge NJ 07656 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 60 Ridge Ave			
City (5): Park Ridge		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): 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): 10/14/2026	Scheduled Completion Date (11): 10/14/2026	Name of OSHA Monitor: AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[✓] ≥160 sf or ≥260 lf

[✓] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Interior				Floor Tiles	560 SF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/14/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 9/22/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/17/26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justificaton) ☐ Cancellation
Street Address: 211 2nd Ave	
City, State, Zip Code: West 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): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private 8 commercial buildings, homes, etc.)
Street Address: 211 2nd Ave			
City (s): West Cape May, NJ		Square Feet: 2100sf	# of Floors: 2 / Bldg. Age: 45 yrs
County (6): Atlantic	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.: 609-381-2990	License No.: 00689
Start Date (10): 9/26/26	Scheduled Completion Date (11): 10/10/26	Name of OSHA Monitor: AEi2, LLC	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address: 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 Facilily (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
Siding			X	Shingles	2500 SF	X			

Name of Registered Waste Hauler: TBD	NJDEP Waste Hauler ID No.: TBD	Cubic Yards of Waste: 6	Name of Registered Landfill: TBD
City, State: TBD, NJ		Disposal Date: TBD	City, State: NJ

Completed By: Wm. Minnick	Title: Program Mgr.	Signature	Date: 9/17/26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/22/2026	Name of Building Owner/Operator (2): Miz construction
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 1600 11th Ave City, State, Zip Code: Toms River NJ 08757 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1600 11th Ave	
City (5): Toms River	Square Feet / # of Floors / Bldg. Age
County (6): Ocean County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address	Street Address: 6 White Dove Court
City, State, Zip Code	City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200
Start Date (10): 10/08/2026 Scheduled Completion Date (11): 10/08/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 4	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 10/08/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 09/22/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/22/2026	

Agencies Notified	Type Notification	Street Address
[X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	[✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	147 FERNDALE AVE
		City, State, Zip Code: MANTUA NJ 08051
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 147 FERNDALE AVE	
City (5): MANTUA	Square Feet / # of Floors / Bldg. Age
County (6): Gloucester	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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10/12/2026	10/12/2026	AAA Lead Professionals

Occupancy Status During Abatement (Check Only One)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other – Describe: _____

Street Address: 6 White Dove Court
City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[✓] ≥160 sf or ≥260 lf

[ ] Renovation
[✓] Demolition

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Lead Professionals Inc	35103	5	IESI
City, State: Lakewood, NJ		Disposal Date: 10/12/2026	City, State: BETHLEHEM, PA

Completed by	Title	Signature	Date
JOSEPH PERLSTEIN	OWNER		09/22/2026

ASB-41 (R-06-08)

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

Date of Notification (1)	Name of Building Owner/Operator (2)
09 / 22 / 26	Potts Excavating, Inc.

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ASBESTOS CONTROL & LICENSING

Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	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)	Type of Facility (4)
Residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 279 W. 13th Street	

City (5)	Square Feet	# of Floors	Bldg. Age
Ship Bottom	2000	2	80

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Ocean		Residence

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
10 / 13 / 26	10 / 15 / 26	E.M.S.L. Analytical

Occupancy Status During Abatement (Check only one)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	1056 Stelton City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	5	Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 10/15/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		9/22/26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 08/31/2026	Name of Building Owner/Operator (2): Bridgeton Housing Authority
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 110 E. Commerce Street City, State, Zip Code: Bridgeton, NJ 08302 Name of Contact: Donny Brown Telephone Number: 856-451-4454 x 202

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Maplewood Gardens		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 18 Birch Street			
City (5): Bridgeton		Square Feet: 2,000	# of Floors: 2 / Bldg. Age: 70
County (6): Cumberland	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Apartment	
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): 09/10/2026	Scheduled Completion Date (11): 09/11/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
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: 09/11/2026	City, State: Millville, NJ
Completed by: Christina Fay	Title: VP of Operations	Signature: [signature]	Date: 08/31/2026

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ASBESTOS CONTROL

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

Date of Notification (1): 8/25/2026	Name of Building Owner/Operator (2): Sussex County Community College
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancelation
	Street Address: 1 College Hill Road
	City, State, Zip Code: Newton, NJ 07860
	Name of Contact: Frank Tsemberlis — Telephone Number: 973.300.2281

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SCCC Horton Mansion	Type of Facility (4): ☐ School (K-12) Sub-8 Un-Occupied ☒ Subchapter 8 (Other than K-12) Note: It's a college ☐ Other (i.e. private & Commercial buildings, homes, etc.)
Street Address: 1 College Hill Road	
City (5): Newton	Square Feet: 14,550 — # of Floors: 4 — Age: 168
County (6): Sussex — County Code (7) (STATE USE ONLY)_____	Current Use (Prior if being demolished): College
Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services, LLC — ASCM No.: 00118	Name of Abatement Contractor (9): Unicorn Contracting Corp.
Street Address: 464 Valley Brook Avenue	Street Address: 14 Willow street
City, State, Zip Code: Lyndhurst, NJ 08736	City, State, Zip Code: Bloomfield, NJ 07003
Project Manager for Monitoring Firm: Jarred Panecki — Telephone No.: 732.552.9615	Telephone No.: 973-333-9176 — License No.: 01331
Start Date (10): 09/8/2026 — Scheduled Completion Date (11): 10/10/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: 20-21 Wagaraw Rd., Bldg. 35-E — City, State, Zip Code: Fair Lawn, NJ 07410
Scope of Work (Check All That Apply): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf — ☒ Renovation ☐ Demolition	☒ Full Containment with Negative Pressure * ☐ Mini-Enclosure ☐ Glovebag Procedure. ☐ Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: TBD	Name of Regustered Landfill: Grand Central Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Katica Belevska	Title: Administrator	Signature: Belevska	Date: 8/25/2026

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Entire Building				**Pre-Cleaning Area**					
Basement: Rooms 001, 002, 003, 004, 005,									
006, 007, 008, 009, 010, 011, 012, 013, 014,									
015, & 016; First Floor: Rooms 101, 102, 103,									
104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, & 117; Second Floor:									
Rooms 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, & 214; Third Floor: Rooms 301, 302, 303, 304, 305, 306, 307, 308,		x		**(Pre-Abatement Site Preparation)**	**13,000 SF**	x			
309, 310, 311, 312, 313, 314, 315, 316, 317,									
318, 319, & 320; Stairwell: ST-1; Additional									
Areas: All other accessible areas at the site									
not identified by room number.									
First Floor: Rooms 102, 108, 111, & 113; Second Floor: Rooms 201, 202, 206, 208, 210, 213, & 214; Third Floor: Rooms 301, 302, 303, 304, 305, 306, 307, 308, 312, 313, 314, 315, 316, 317, 318, 319, & 320		x		**9"x9" Floot Tiles**	**6,000 SF**	x			
Hallways: First Floor: Rooms 110, 114, & 115; Second Floor: Rooms 207, 211, & 212		x		**Linoleum**	**2000 SF**	x			
Second Floor: Rooms 201 & 213; Third Floor: Rooms 301, 302, 303, 304, 305, 306, & 307, 316, 317, 318, 319, & 320		x		**Glue ceiling tiles**	**3200 SF**	x			
Second Floor: Rooms 201, 206, & 213; Third Floor: Rooms 301, 302, 303, 304, 305, 306, & 307, 313, 316, 317, 318, 319, & 320		x		**Ceiling finishes plaster drywall**	**4500 SF**	x			
Third Floor: Rooms 308 & 312		x		**Wall finishes**	**650SF**	x			
First Floor: Rooms 108, 112, & 113; Second Floor: Rooms 201 & 210; Third Floor: Rooms 308 & 312		x		**All bathroom components**	**800SF**	x			
Stairwell (ST-1)		x		**Stair Flooring**	**400SF**	x			
Second Floor: Room 201		x		**Prayer Rooms (Demolish and remove)**	**Nine rooms 2600 SF**	x			

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

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

Check 3908
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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/30/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 730 Willow St	
City, State, Zip Code: Cranford, NJ 07016	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 730 Willow St			
City (5): Cranford, NJ 07016	Square Feet: 1,900	# of Floors: 2	Bldg. Age: 1954
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): 09/08/2026	Scheduled Completion Date (11): 09/11/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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		duct insulation	4 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/11/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 08/30/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
08/30/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	440 Broadway Rd
		City, State, Zip Code: Freehold, NJ 07728
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 440 Broadway Rd	
City (5): Freehold, NJ 07728	Square Feet: 1,744 / # of Floors: 2 / Bldg. Age: 1963
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): 09/08/2026	Scheduled Completion Date (11): 09/15/2026	Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile	805 SF	x			
Basement		x		Carpet	663 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	5	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/15/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	08/30/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/27/2026	Name of Building Owner/Operator (2): Mr. Brian Stephenson
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 91 S Orange Ave City, State, Zip Code: Livingston, NJ 07039 Name of Contact: Brian Stephenson, Director of Operations Telephone Number: 201-247-1617

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Newark Academy Street Address: 91 S Orange Ave			Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
City (5): Livingston, NJ 07039		Square Feet: TBD	# of Floors: 2 / Bldg. Age: 1964
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.	Telephone No.: 201- 466-0166	License No.: 02126
Start Date (10): 07/27/2026	Scheduled Completion Date (11): 09/28/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [x] 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
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-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
Classrooms 11, 12, 13		x		carpeting, floor tile, mastic	904 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: 09/28/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 08/27/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
08/26/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	215 Elmwood Ave
		City, State, Zip Code: Glen Rock, NJ 07452
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential House	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 215 Elmwood Ave	
City (5): Glen Rock, NJ 07452	Square Feet: 1,748 / # of Floors: 1 / Bldg. Age: 1953
County (6): Bergen / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 08/27/2026	Scheduled Completion Date (11): 09/03/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 main room		X		Double layer floor tile & mastic	264 SF	x			
Basement office		X		Floor tile & mastic	213 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	5	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/03/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	08/26/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/02/2026	Name of Building Owner/Operator (2): Mr. Keyur Dave
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1811 NJ-88
	City, State, Zip Code: Brick Township, NJ 08724
	Name of Contact: Mr. Keyur Dave, Vaxa Construct — Telephone Number: 732-306-7468

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1811 NJ-88	
City (5): Brick Township, NJ 08724	Square Feet: 9,132 — # of Floors: 2 — Bldg. Age: 1934
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): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 201- 466-0166 — License No.: 02126
Start Date (10): 09/11/2026 — Scheduled Completion Date (11): 09/10/2027	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] 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
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Boiler room		X		Boiler insulation	100 SF	x			
Boiler room		X		Pipe insulation	145 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: TBD	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/02/2026

ASB-41 (R-06-08)

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

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SEP 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/01/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 12 Oxford Pl City, State, Zip Code: Glen Rock, NJ 07452 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 12 Oxford Pl	
City (5): Glen Rock, NJ 07452	Square Feet: 1,497 / # of Floors: 1 / Bldg. Age: 1936
County (6): Bergen / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10): 09/10/2026 / Scheduled Completion Date (11): 09/17/2026	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) 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 Living Room		X		Floor tile	230 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/17/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/01/2026

ASB-41 (R-06-08)

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

SEP 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 41 Wickom Ave City, State, Zip Code: Hamilton Township, NJ 08690 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 41 Wickom Ave			
City (5): Hamilton Township, NJ 08690	Square Feet: 1,550	# of Floors: 1	Bldg. Age: 1950
County (6): Mercer	County Code (7) *(STATE USE ONLY)*		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC	
Street Address		Street Address: 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/14/2026	Scheduled Completion Date (11): 09/21/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ 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) 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		Floor tile	630 SF	x			
Basement		x		duct insulation	30 LF	x			
Basement		x		pipe wrap	8 LF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/21/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/02/2026

ASB-41 (R-06-08)

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

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SEP 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 299 Fulton St City, State, Zip Code: Middlesex, NJ 08846 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 299 Fulton St			
City (5): Middlesex, NJ 08846	Square Feet: 2,536	# of Floors: 2	Bldg. Age: 1972
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.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/11/2026	Scheduled Completion Date (11): 09/18/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
Living Room		x		Floor tile	218 SF	x			
Closet		x		Floor tile	50 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/18/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/02/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/03/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 721 Crescent Pkwy City, State, Zip Code: Westfield, NJ 07090 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 721 Crescent Pkwy			
City (5): Westfield, NJ 07090		Square Feet: 2,333	# of Floors: 2 / Bldg. Age: 1922
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): 09/04/2026	Scheduled Completion Date (11): 09/10/2026	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) 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
2nd Floor Bedroom Closet		x		plaster & wood lath	148 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/10/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/03/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/30/2026	Name of Building Owner/Operator (2): NJ Retail Acquisitions, LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 242 Mountain Ave
	City, State, Zip Code: Springfield, NJ 07081
	Name of Contact: Mike Trond / Telephone Number: 908 884 7388

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial - Former Dry Cleaners	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 242 Mountain Ave	
City (5): Springfield, NJ 07081	Square Feet: TBD / # of Floors: 1 / Bldg. Age: 1960
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): 09/08/2026 / Scheduled Completion Date (11): 09/15/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [x] 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
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First floor		x		Floor tile & mastic	1,400 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/15/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 08/30/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/10/2026		Name of Building Owner/Operator (2)	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 431 Division Ave	
		City, State, Zip Code Carlstadt, NJ 07072	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 431 Division Ave			
City (5) Carlstadt, NJ 07072		Square Feet 1,106	# of Floors 1 / Bldg. Age 1900
County (6) Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-466-0166	License No. 02126
Start Date (10) 09/11/2026	Scheduled Completion Date (11) 09/18/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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	50 LF	x			
Basement		x		boiler insulation & boiler removal	60 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 09/18/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 09/10/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/12/2026	Name of Building Owner/Operator (2)
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 724 New Brunswick Rd City, State, Zip Code Somerset, NJ 08873 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential House	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 724 New Brunswick Rd	
City (5) Somerset, NJ 08873	Square Feet: 1,712 / # of Floors: 2 / 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) / ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 201-466-0166 / License No.: 02126
Start Date (10) 09/22/2026	Scheduled Completion Date (11) 09/29/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 Main room		x		Floor tile & mastic	175 SF	x			
Boiler room		x		Floor tile & mastic	70 SF	x			
Collectible room & closet		x		Floor tile & mastic	124 SF	x			
Landing & landing closet		x		Floor tile & mastic	35 SF	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 09/29/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 09/12/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/12/2026		Name of Building Owner/Operator (2) Bassett Associates	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 392 Springfield Ave City, State, Zip Code Summit, NJ 07901 Name of Contact Beth Welsh, Bassett Associates	Telephone Number 908-277-1176

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 392 Springfield Ave			
City (5) Summit, NJ 07901		Square Feet TBD	# of Floors 2
			Bldg. Age 1958
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) 09/21/2026	Scheduled Completion Date (11) 09/25/2026	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) 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 furnace room		x		pipe fittings	30	x			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Elizabeth, NJ		Disposal Date 09/25/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 09/12/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/11/2026	Name of Building Owner/Operator (2): Gene White
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 2 NJ -183
	City, State, Zip Code: Netcong, NJ 07857
	Name of Contact: Gene White — Telephone Number: 973-476-4799

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Stanhope United Methodist Church	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 NJ -183	
City (5): Netcong, NJ 07857	Square Feet: TBD — # of Floors: 1 — Bldg. Age: 1920
County (6): Morris — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 201-466-0166 — License No.: 02126
Start Date (10): 09/14/2026 — Scheduled Completion Date (11): 09/25/2026	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) 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
Fellowship hall		x		Floor tile & mastic	2,300 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 09/25/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/11/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/12/2026	Name of Building Owner/Operator (2): Phil Sabatino
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 433 Plainfield Rd City, State, Zip Code: Edison, NJ 08820 Name of Contact: Phil Sabatino, Hiland Construction Telephone Number: 908-448-1103

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial - Stelton Diner Street Address: 433 Plainfield Rd			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
City (5): Edison, NJ 08820	Square Feet: TBD	# of Floors: 2	Bldg. Age: TBD
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.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/21/2026	Scheduled Completion Date (11): 10/12/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) [x] 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
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] Demolition
[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Stelton Diner		x		Floor tile	1,620 SF	x			
Boarding House Rooms 2nd Fl		x		Floor tile	1,600 SF	x			
2nd Fl - Room #4		x		ceiling and wall spackle	approx. 400 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: 10/12/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 09/12/2026

ASB-41 (R-06-08)

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

Print Form

3927

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

PAID
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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/08/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 9 Sherwood Pl
	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 House			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 9 Sherwood Pl			
City (5): West Orange, NJ 07052	Square Feet: 1,577	# of Floors: 1	Bldg. Age: 1929
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.	Telephone No.: 201-466-0166	License No.: 02126
Start Date (10): 09/17/2026	Scheduled Completion Date (11): 09/24/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [x] 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)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic	30 SF	x			
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: 09/24/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 09/082026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/02/2026	Name of Building Owner/Operator (2): Newark Board of Education
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 190 Muhammad Ali Avenue
	City, State, Zip Code: Newark, NJ 07108
	Name of Contact: Benjamin Olagadeyo — Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): American History High School	Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 74 Montgomery Street	
City (5): Newark	Square Feet: 100,000 — # of Floors: 4 — Bldg. Age: 100
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1253 N. Church Street		Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jim Guilardi — Telephone No.: 856-840-8800		Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 09/02/2026 — Scheduled Completion Date (11): 09/04/2026		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [X] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/04/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature	Date: 09/02/2026

ASB-41 (R-06-08)

*Courtesy Notification

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

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/02/2026	Name of Building Owner/Operator (2): NJ Department of Human Services
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 222 South Warren Street
	City, State, Zip Code: Trenton, NJ 08625
	Name of Contact: Michael Ridofino — Telephone Number: 609-947-6431

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hunterdon Developmental Center - Cottage 14	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 40 Pittstown Road	
City (5): Clinton	Square Feet: 100,000 — # of Floors: 2 — Bldg. Age: 67
County (6): Hunterdon — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Developmental Center

Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 120 North Warren Street		Street Address: 623 Cutler Avenue
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Roland Jones — Telephone No.: 609-392-4200		Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 09/08/2026 — Scheduled Completion Date (11): 09/18/2026		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Abatement performed in vacated areas		Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-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
Storage Room 41		X		Floor Tile & Mastic	120 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/18/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature	Date: 09/02/2026

ASB-41 (R-06-08)

* 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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SEP 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/02/2026		Name of Building Owner/Operator (2): NJ Department of Human Services	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 222 South Warren Street	
		City, State, Zip Code: Trenton, NJ 08625	
		Name of Contact: Michael Ridofino	Telephone Number: 609-947-6431

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hunterdon Developmental Center - Cottage 17		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 40 Pittstown Road			
City (5): Clinton		Square Feet: 100,000	# of Floors: 2 / Bldg. Age: 67
County (6): Hunterdon	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): Developmental Center	
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 120 North Warren Street		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Roland Jones	Telephone No.: 609-392-4200	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 09/08/2026	Scheduled Completion Date (11): 09/18/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Abatement performed in vacated areas		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) 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
Storage Room 41		X		Floor Tile & Mastic	120 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/18/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature	Date: 09/02/2026

ASB-41 (R-06-08)

* 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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SEP 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/03/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 61 Coakley St City, State, Zip Code: Iselin NJ 08830 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 61 Coakley St			
City (5): Iselin		Square Feet:	# of Floors: 2 / Bldg. Age: +50
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Residential Home
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): United Demo LLC	
Street Address		Street Address: 143 Acme St	
City, State, Zip Code		City, State, Zip Code: Elizabeth NJ 07202	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 862-218-3930	License No.: 02045
Start Date (10): 09/14/2026	Scheduled Completion Date (11): 09/15/2026	Name of OSHA Monitor: United Demo LLC	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 143 Acme St City, State, Zip Code: Elizabeth NJ 07202	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) 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 wall			X	Waterproofing Yellow texture	126 SF	X			

Name of Registered Waste Hauler: United Demo LLC	NJDEP Waste Hauler ID No.: 0040986	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville Pa
Completed by: Jose N Rosas	Title: Project Manager	Signature:	Date: 09/03/2026

ASB-41 (R-06-08)

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050296

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

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SEP 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/03/2026	Name of Building Owner/Operator (2):

Agencies Notified
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended — Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 215 Keats Ave

City, State, Zip Code: Elizabeth NJ 07208

Name of Contact: | Telephone Number:

FACILITY INFORMATION

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

Street Address: 215 Keats Ave

City (5): Elizabeth

County (6): Union

County Code (7) *(STATE USE ONLY)* _____

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

Square Feet	# of Floors	Bldg. Age
	2	+50

Current Use (Prior if being demolished):

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Telephone No.:

Name of Abatement Contractor (9): United Demo LLC

Street Address: 143 Acme St

City, State, Zip Code: Elizabeth NJ 07202

Telephone No.: 862-218-3930 | License No.: 02045

Start Date (10): 09/15/2026 | Scheduled Completion Date (11): 09/16/2026

Name of OSHA Monitor: United Demo LLC

Street Address: 143 Acme St

City, State, Zip Code: Elizabeth NJ 07202

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

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

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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
United Demo LLC	0040986	As Needed	Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville Pa

Completed by	Title	Signature	Date
Jose N Rosas	Project Manager	Jose N Rosas	09/03/2026

ASB-41 (R-06-08)

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

RECEIVED
SEP 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 05/27/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☒ Cancellation	Street Address: 189 Clark St City, State, Zip Code: Bloomingdale NJ 07403 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 189 Clark St			
City (5): Bloomingdale		Square Feet:	# of Floors: 2 / Bldg. Age: +50
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): United Demo LLC	
Street Address		Street Address: 143 Acme St	
City, State, Zip Code		City, State, Zip Code: Elizabeth NJ 07202	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 862-218-3930	License No.: 02045
Start Date (10): 05/30/2026	Scheduled Completion Date (11): 06/01/2026	Name of OSHA Monitor: United Demo LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 143 Acme St City, State, Zip Code: Elizabeth NJ 07202	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
1st Fl 2 Bedroom, Hallway			X	VAT	400 SF	X			
1st Fl Boiler Room			X	VAT	50 SF	X			

Name of Registered Waste Hauler: United Demo LLC	NJDEP Waste Hauler ID No.: 0040986	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville Pa
Completed by: Jose N Rosas	Title: Project Manager	Signature:	Date: 09/03/2026

ASB-41 (R-06-08)

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

6788

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/08/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [ ] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #1 [X] Emergency (including justification) [ ] Cancellation
	Street Address: 3822 River Road- Rear Building
	City, State, Zip Code: Point Pleasant NJ 08742
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): None	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 6 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 345 River Road	
City (5): Point Pleasant NJ	Square Feet: 2721 / # of Floors: 2 / Bldg. Age: 46 yrs
County (6): Ocean / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Prior Residential Use

Name of Monitoring Firm Hired by Building Owner (8): Enviro - Pro Unltd Corp.	ASCM No.: 63177	Name of Abatement Contractor (9): Lakewood Group, Corp.	
Street Address: 264 West 40th Street, Suite 602		Street Address: 238 boundary Road, Unit 402	
City, State, Zip Code: New York, NY 10018		City, State, Zip Code: Marlboro NJ 07746	
Project Manager for Monitoring Firm: Yevgeniy Golubchik	Telephone No.: 267-496-7955	Telephone No.: 732-982-1070	License No.: 02104
Start Date (10): 09/11/2026	Scheduled Completion Date (11): 10/02/2026	Name of OSHA Monitor: Enviro - Pro Unltd Corp.	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Not occupied		Street Address: 264 West 40th Street, Suite 602 / City, State, Zip Code: New York, NY 10018	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BSMT		X		VAT,Green, Tan, Speckled, Red	1,100 sf	X			
BSMT		X		Mastic -9" x 9" Vinyl Floor Tiles	1,100 sf	X			
Throughout First & Second Floors		X		Wall/Ceiling Plaster Scratch Coat	9,400 sf	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: Approx.300	Name of Registered Landfill: Minerva
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Waynesburg, Ohio
Completed by: Michelle Frassetti	Title: President	Signature: Michelle Frassetti	Date: 09/08/2026

ASB-41 (R-05-05)

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

44532

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RECEIVED 44532

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

SEP 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
9 / 1 /2026

Agencies Notified		Type Notification	
X	EPA		Initial Notification
	DEP	X	Amended Notification #7
X	DOL		Cancellation
X	DOH		On Hold
	DCA		EMERGENCY NOTIFICATION

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

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

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

FACILITY INFORMATION

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

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

Street Address: 1945 STATE HWY. 33
Square Feet: 1,000,000
of Floors: 6
Bldg. Age: 89

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

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL TACTICS INC.
ASCM No.: 64

Name of Abatement Contractor (9): PAR ENVIRONMENTAL CORPORATION

Street Address: 64 BROAD STREET
City, State, Zip Code: MATAWAN, NJ

Project Manager for Monitoring Firm: THOMAS GEIGER
Telephone Number: 732-290-2217

Street Address: 313 SPOOK ROCK ROAD
City, State, Zip Code: SUFFERN, NEW YORK 10901
Telephone Number: 845-369-7500
License Number: 1101

Expected State Date (10): 5 / 1 /2026 (Month / Day / Year)
Sched. Completion Date (11): 12 / 30 /2026 (Month / Day / Year)

Name of OSHA Monitor: QUALITY ENVIRONMENTAL
Street Address: 1376 ROUTE 9
City, State, Zip Code: WAPPINGER FALLS, NY 12590

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

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF
- [X] Renovation

- [X] Full Containment
- [X] Mini-Enclo ,
- [ ] 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			
1ST FLOOR PATIENT EXPERIENCE AREA			X	VAT & MASTIC **COMPLETE**	1,500 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR MEN'S AND WOMENS									
BATHROOM			X	**FLOOR MASTIC**	**205 SF**	X			

Name of Registered Waste Hauler: NEWARK CARTING
369 RAYMOND BLVD.
City, State: NEWARK, NEW JERSEY 07105
NJDEP Waste Hauler ID No.: 913
Cubic Yards of Waste: 30
Disposal Date: 1/12/2026-12/30/2026
Name of Registered Landfill: GRAND CENTRAL SANITARY LANDFILL
City, State: PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type): BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS
Signature:
Date: 9-1-26

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

Date of Notification (1)
9 / 1 /2026

Agencies Notified
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [ ] Initial Notification
- [X] Amended Notification #7
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

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

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

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

FACILITY INFORMATION

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

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

Street Address: 1945 STATE HWY. 33
Square Feet: 1,000,000
of Floors: 6
Bldg. Age: 89

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

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS INC.
ASCM No. 64

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address: 64 BROAD STREET
Street Address: 313 SPOOK ROCK ROAD

City, State, Zip Code: MATAWAN, NJ
City, State, Zip Code: SUFFERN, NEW YORK 10901

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

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

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: THURSDAY, FRIDAY

Street Address: 1376 ROUTE 9
City, State, Zip Code: WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF
- [X] Renovation
- [X] Full Containment
- [X] Mini-Enclo ,
- [ ] 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR MEHANDRU WING			X	FLOOR TILE MASTIC	5,785 SF	X			
1ST FLOOR PATIENT EXPERIENCE AREA			X	VAT & MASTIC **COMPLETE**	1,500 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR MEN'S AND WOMENS									
BATHROOM			X	**FLOOR MASTIC**	**205 SF**	X			

Name of Registered Waste Hauler: NEWARK CARTING
369 RAYMOND BLVD.
City, State: NEWARK, NEW JERSEY 07105
NJDEP Waste Hauler ID No.: 913
Cubic Yards of Waste: 30
Disposal Date: 1/12/2026-12/30/2026
Name of Registered Landfill: GRAND CENTRAL SANITARY LANDFILL
City, State: PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type): BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS
Signature:
Date: 9-1-26

Print Form

NO CK

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ASBESTOS CONTROL & LICENSING

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

PAE Job# 26-1181 - Revise Waste Hauler Information

Date of Notification (1): 08/28/2026	Name of Building Owner/Operator (2): Rutgers University
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 3 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 33 Knightsbridge Road
	City, State, Zip Code: Piscataway, NJ 08854
	Name of Contact: Zaydie Cahdwick — Telephone Number: 848-202-6430

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Rutgers University - Plant Physiology Building	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 College Farm Road	
City (5): New Brunswick, NJ 08901	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Middlesex — County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): EFI Global — ASCM No.:	Name of Abatement Contractor (9): PAL Environmental Safety Corp. D/B/A PAL Enviro
Street Address: 701 Penhorn Avenue	Street Address: 11-02 Queens Plaza South
City, State, Zip Code: Secaucus, NJ 07094	City, State, Zip Code: Long Island City, NY 11101
Project Manager for Monitoring Firm: Danielle Schaefer — Telephone No.: 732-427-5403	Telephone No.: 718-349-0900 — License No.: 00853
Start Date (10): 08/31/2026 — Scheduled Completion Date (11): 10/27/2026	Name of OSHA Monitor: Timothy Barrett
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 398 Bunker Drive — City, State, Zip Code: Oceanside, NY 11572

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-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
See attached quantity sheet									

Name of Registered Waste Hauler: WM of Greater Mid Atlantic	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: 20 Yards	Name of Registered Landfill: Fairless Landfill
City, State: Newton, PA		Disposal Date: 09/03/2026	City, State: Morrisville, PA

Completed by: Ann A. Ali	Title: Compliance Admin	Signature:	Date: 08/31/2026

ASB-41 (R-06-08)

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Check 7581.

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 08/27/2026	Name of Building Owner/Operator (2): SHG Franklin Lakes, LLC
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment # [ ] [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 10 Sterling Boulevard
	City, State, Zip Code: Englewood, New Jersey 07631
	Name of Contact: Mr. John Driesse — Telephone Number: (201) 587-0800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former IBM Campus - Building D	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 100 Parsons Pond Road	
City (5): Franklin Lakes	Square Feet: 83,969 SF — # of Floors: 3 — Bldg. Age: 60
County (6): Bergen — County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished): Commercial - Office Building
Name of Monitoring Firm Hired by Building Owner (8): TBD — ASCM No.:	Name of Abatement Contractor (9): Sky Contracting, LLC
Street Address:	Street Address: 1385 Valley Road, Suite K
City, State, Zip Code:	City, State, Zip Code: Wayne, New Jersey 07470
Project Manager for Monitoring Firm — Telephone No.:	Telephone No.: (973) 928-5300 — License No.: 00874
Start Date (10): 10/06/2025 — Scheduled Completion Date (11): 12/30/2026	Name of OSHA Monitor: Sky Contracting, LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:	Street Address: 1385 Valley Road, Suite K — City, State, Zip Code: Wayne, New Jersey 07470

Scope of Work (Check All That Apply)

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

Name of Registered Waste Hauler: Century Waste Services LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: TBD	Name of Registered Landfill: Grand Central Landfill
City, State: Elizabeth, New Jersey		Disposal Date: TBD	City, State: Pen Argyl, PA
Completed by: Sabinne Worth	Title: Office Manager	Signature:	Date: 08/27/2026

ASB-41 (R-06-08)

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Building D
100 Parsons Pond Road
Franklin Lakes, New Jersey 07417

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 - Stairwell above plaster ceiling on beam + deck		X		Fireproofing	400 SF	X			
3RD FLOOR - Interior Stairwells above plaster ceiling		X		Fireproofing	350 SF	X			
LOADING DOCK - Inside Cinder Block Wall & Chases		X		Fireproofing Debris	250 LF	X			
2ND FLOOR - Inside Cinder Block Wall & Chases		X		Fireproofing Debris	150 LF	X			
3RD FLOOR - Inside Cinder Block Wall & Chases		X		Fireproofing Debris	150 LF	X			
STAIRWELL - East Landing (6 landings)		X		Floor Tiles & associated Mastic	360 SF	X			
RESTROOM CORES - All Floors		X		Fireproofing Debris	625 LF	X			
ROOF - Entire		X		Roofing Membrane and associated Roof Flashing	83,969 SF	X			
WINDOWS - All Throughout		X		Window Glazing	100 each	X			
THROUGHOUT 2ND & 3RD FLOOR - Inside all types of columns		X		Fireproofing Debris	180 each	X			
BELOW GRADE FOUNDATION WALL - interior side		X		Waterproofing	9,360 SF	X			
BELOW GRADE - from building pad to cooling towers		X		Transite Pipe	596 LF	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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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/04/2026	

Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA

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

Street Address	
121 Union Avenue	
City, State, Zip Code	
Stratford, NJ 08084	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 121 Union Avenue	
City (5): Stratford	Square Feet: 2,800 / # of Floors: 3 / Bldg. Age: 138
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)
Management & Environmental Consulting Serv		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): 09/15/2026	Scheduled Completion Date (11): 09/18/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 Furnace			X	Rope Gasket	8 LF	X			
Basement Furnace			X	Flange Gasket	2 SF	X			
Basement Furnace			X	Sealant	2 LF	X			
Basement Furnace			X	Vibration Cloth	4 SF				

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Freehold Cartage	15939	1	Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/18/2026	City, State: Morgantown, PA

Completed by	Title	Signature	Date
Christina Fay	VP of Operations		09/04/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/04/2026	Name of Building Owner/Operator (2): Newark Board of Education	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 190 Muhammad Ali Avenue
		City, State, Zip Code: Newark, NJ 07108
		Name of Contact: Benjamin Olagadeyo
		Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): American History High School		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 74 Montgomery Street			
City (5): Newark		Square Feet: 100,000	# of Floors: 4 / Bldg. Age: 100
County (6): Essex	County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): School	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 1253 N. Church Street		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Jim Guilardi	Telephone No.: 856-840-8800	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 09/05/2026	Scheduled Completion Date (11): 09/08/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Room 111		X		Mastic	120 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/08/2026	City, State: Morgantown, PA

Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 09/04/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
September 04, 2026	DSM Nutritional Products, LLC

Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation

Street Address	
45 Waterview Blvd	
City, State, Zip Code	
Parsippany, NJ 07054	
Name of Contact	Telephone Number
Project Manager	973-234-7026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
DSM	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Mack's Island Dr	
City (5): Belvidere	Square Feet: / # of Floors: / Bldg. Age:
County (6): Warren	County Code (7) (STATE USE ONLY):
	Current Use (Prior if being demolished): Building

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Emerald Environmental Group, LLC		The MACK Group, LLC.
Street Address: 22 Ottawa Rd N		Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Morganville, NJ 07751-1346		City, State, Zip Code: Cherry Hill, NJ 08034
Project Manager for Monitoring Firm: Joe Rizzo	Telephone No.: (347) 886-1319	Telephone No.: (973) 759 - 5000 / License No.: 00781
Start Date (10): 7/6/26	Scheduled Completion Date (11): 7/6/27	Name of OSHA Monitor: The MACK Group, LLC.

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

Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Cherry Hill, NJ 08034

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

Location of Asbestos-Containing Material (ACM) 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
outside pipe rack	X			pipe debris	200 sf	X			
-"-	X			pipe insulation	94 lf		X		
Bldg. 210 MR	X			pipe & fitting insulation	95 lf	X			
243 Cross Connect	X			pipe & elbow insulation	9 lf	X			

Name of Registered Waste Hauler	NJ DEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services LLC	4509	4	IESI Bethlehem landfill / Minerva Ent.
City, State: Elizabeth, NJ		Disposal Date: 7/6/27	City, State: Bethlehem, PA / Waynesburg, OH

Completed by	Title	Signature	Date
Steve King	V.P.		9/4/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/3/26	Name of Building Owner/Operator (2): Atlantic County Government
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1227 Drexel Avenue
	City, State, Zip Code: Atlantic City NJ 08401
	Name of Contact: Chris Palermo — Telephone Number: 609-402-1741

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Atlantic County Government	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1227 Drexel Avenue	
City (5): Atlantic City NJ 08401	Square Feet: 1000+ — # of Floors: 2 — Bldg. Age: 35+
County (6): Atlantic — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): Coastal Environmental Compliance LLC	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address: PO Box 167		Street Address: PO Box 329
City, State, Zip Code: Hammonton NJ 08037		City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm: Cathy Ledden — Telephone No.: 609-820-9312		Telephone No.: 856-753-9800 — License No.: 00727
Start Date (10): 9/18/26 — Scheduled Completion Date (11): 9/21/26		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: Nights & Weekend		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) 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
2nd Floor Directors office			x	Floor Tile & Mastic	350 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: 9/22/26	City, State: Morrisville PA 10067

Completed by: Anthony T Perna	Title: President	Signature	Date: 9/3/26

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 08/4/2026		Name of Building Owner/Operator (2) Bloomfield Board of Education Check No. 4169	
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 155 Broad Street City, State, Zip Code Bloomfield, New Jersey 07003	
		Name of Contact Roberta Petrik	Telephone Number 732-680-8501 x 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Oakview School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 150 Garrabrant Avenue			
City (5) Bloomfield, New Jersey 07003		Square Feet 50,000	# of Floors 2 / Bldg. Age 50+
County (6) Essex	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates	ASCM No. 0004	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 3 Crosswicks Street		Street Address 246 Union Blvd	
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Totowa, New Jersey	
Project Manager for Monitoring Firm Michael Hoodak	Telephone No 609-298-5520	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 08/06/2026	Scheduled Completion Date (11) 08/08/2026	Name of OSHA Monitor **LIS CONSULTING SERVICES, LLC**	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glove Bag Procedure / *Limited Containment &Tent*
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Fan Room 1st Fl	X			Elbows (Wrap & Cut)	45 EA	X			
Fan Room 1st Fl	X			HVAC Vibration Collar (Wrap & Cut)	3 EA	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 Sanitary Landfill
City, State Elizabeth, New Jersey		Disposal Date August/2026	City, State 1963 Pen Argyl Rd, Pen Argyl, PA 18027
Completed by Adriana Olejarova	Title President	Signature	Date 8/4/2026

ASB-41 (R-06-08)

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Job#6522

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

Check#33748

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08-31-26		Name of Building Owner/Operator (2): National Rail Road Passenger Corporation (AMTRAK)	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 1 Massachusetts Ave	
		City, State, Zip Code: NW, Washington, DC 20001	
		Name of Contact: Head Office	Telephone Number: 202-906-3000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): AMTRAK Portal North Bridge			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 993 Belleville Turnpike				
City (5): Kearny, NJ			Square Feet:	# of Floors: 1 / Bldg. Age: 115
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Amtrak	
Name of Monitoring Firm Hired by Building Owner (8): BEM Systems	ASCM No.: 64514	Name of Abatement Contractor (9): Pinnacle Environmental Corp.		
Street Address: 7 Giralda Farms STE 180		Street Address: 200 Broad Street		
City, State, Zip Code: Madison, NJ 07940		City, State, Zip Code: Carlstadt, NJ 07072		
Project Manager for Monitoring Firm: Venket Bala	Telephone No.: 908-598-2600	Telephone No.: 201-939-6565	License No.: 00756	
Start Date (10): 09-14-26	Scheduled Completion Date (11): 02-28-27	Name of OSHA Monitor: EMSL Analytical, INC		
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130		
		City, State, Zip Code: Cinnaminson, NJ 08077		

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-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
North Portal Bridge			x	Transite Panels	25 SF	x			

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS North Landfill
City, State: North Bergen, NJ 07047 / Freehold, NJ 07728		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Joseph Patrick	Title: Project Manager	Signature	Date: 08-31-26

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/8/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 253 N 12th St. City, State, Zip Code: Surf City NJ 08008 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 253 N 12th St.	
City (5): Surf City NJ 08008	Square Feet: 1200+ / # of Floors: 1 / Bldg. Age: 50+
County (6): Ocean / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): House & Garage
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.:	Name of Abatement Contractor (9): Pernaco Inc.
Street Address:	Street Address: PO Box 329
City, State, Zip Code:	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm: / Telephone No.:	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 9/18/26 / Scheduled Completion Date (11): 9/24/26	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior 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: Berlin NJ		Disposal Date: 9/24/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 9/8/26

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-7-26

Name of Building Owner/Operator (2): DAVES DEMOLITION

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

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

Street Address: 121 TRUDY AVE

City, State, Zip Code: EGG HARBOR TWP., NJ 08234

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 215 5TH ST SOUTH.

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

City (5): BRIGANTINE

Square Feet: 1500 # of Floors: 2 Bldg. Age: 50+

County (6): ATLANTIC County Code (7) (STATE USE ONLY): _____

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: _____

Name of Abatement Contractor (9): KLEMCO INC

Street Address: _____

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: _____

City, State, Zip Code: MAPLE SHADE NJ 08052

Project Manager for Monitoring Firm: _____ Telephone No.: _____

Telephone No.: 856-779-0472 License No.: 13371

Start Date (10): 9-18-26 Scheduled Completion Date (11): 9-28-26

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one):
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Street Address: _____

City, State, Zip Code: _____

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

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

Name of Registered Waste Hauler: KLEMCO INC NJDEP Waste Hauler ID No.: 17904 Cubic Yards of Waste: 5 Name of Registered Landfill: ACUA

City, State: MAPLE SHADE N.J 08052 Disposal Date: _____ City, State: PLEASANTVILLE NJ

Completed By: MICHAEL KLEMM Title: PRES. Signature: _____ Date: 9-7-26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-7-26

Name of Building Owner/Operator (2): CLARKE EDWARD DEVELOPMENT

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

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

Street Address: 111 E 9TH ST 3RD FLOOR

City, State, Zip Code: OCEAN CITY N.J 08226

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 821 PELHAM PL.

City (5): OCEAN CITY

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: 1500 # of Floors: 2 Bldg. Age: 50 +

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.: _____

Street Address: _____

City, State, Zip Code: _____

Project Manager for Monitoring Firm: _____ Telephone No.: _____

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE NJ 08052

Telephone No.: 856-779-0422 License No.: H 1371

Start Date (10): 9-17-26 Scheduled Completion Date (11): 9-27-26

Name of OSHA Monitor: N/A

Street Address: _____

City, State, Zip Code: _____

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) 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
SIDING			X	TRANSITE	2500SF	X			

Name of Registered Waste Hauler: KLEMCO INC NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 5 Name of Registered Landfill: CMCMUA

City, State: MAPLE SHADE N.J 08052 Disposal Date: _____ City, State: WOODBINE NJ

Completed By: MICHAEL KLEMM Title: PRES. Signature: _____ Date: 9-7-26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 09/03/2026		Name of Building Owner/Operator (2) City Of Rahway	Check No. 4181
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 1 City Hall Plaza	
		City, State, Zip Code Rahway, New Jersey 07065	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 177 West Main Street			
City (5) Rahway, New Jersey		Square Feet 20,000	# of Floors 2
			Bldg. Age 50+
County (6) Union	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates	ASCM No. 00145	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 11 Tindall Road		Street Address 246 Union Boulevard	
City, State, Zip Code Middletown, New Jersey 07748		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Kevin Burns	Telephone No 732-671-6400	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 09/14/2026	Scheduled Completion Date (11) 09/19/2026	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: ____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glove Bag Procedure / *Limited Containment &Tent*
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Porch 1st FL	x			VAT & Mastic	160 SF	X			
Roof-Exterior				Roof Flashing	300 SF	X			
Porch 1st FL				Grey Transite	150 SF	X			

Name of Registered Waste Hauler Century Waste Service	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Waste Mgmt- Fairless Hills
City, State Elizabeth, NJ		Disposal Date September/2026	City, State Morrisville, PA

Completed by Adriana Olejarova	Title President	Signature	Date 09/03/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/04/2026	Name of Building Owner/Operator (2): The Barchester Corporation
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 3 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 3234 Riverview Lane
	City, State, Zip Code: Daytona Beach, FL 32118
	Name of Contact: Joseph Seravalli — Telephone Number: 386-788-8831

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Santander Bank	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 201 Harmony Road	
City (5): Middletown	Square Feet: 5,000 — # of Floors: 2 — Bldg. Age: 75
County (6): Monmouth — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Bank
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Consulting, LLC — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 304 Harper Drive, Suite 207	Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Rafael Torres — Telephone No.: 856-581-9055	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 08/10/2026 — Scheduled Completion Date (11): 09/18/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Throughout Ground Floor & Vestibule		X		Joint Compound & Associated Cove Base	4,140 SF	X			
Break Room Closet		X		Pipe Insulation	1 LF	X			
Break Room		X		Floor Tile & Mastic	5 SF	X			
Attic		X		Sheetrock/Joint Compound	15 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 40	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/18/2026	City, State: Morgantown, PA

Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 09/04/2026

*Continued on Page 2

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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
Vestibule		X		Sheetrock/Joint Compound	150 SF	X	

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 09/04/2026		Name of Building Owner/Operator (2) Quaranta Construction	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 3443 Haddonfield Road City, State, Zip Code Pennsauken, NJ 08109	
		Name of Contact Tony Quaranta	Telephone Number 609-472-4559

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Quaranta Construction		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3443 Haddonfield Road			
City (5) Pennsauken		Square Feet 3,000	# of Floors 2 / Bldg. Age 75
County (6) Camden	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Office	

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) 09/14/2026	Scheduled Completion Date (11) 09/16/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Heater Room		X		Transite Board	150 SF	X			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Conestoga Landfill
City, State Freehold, NJ		Disposal Date 09/16/2026	City, State Morgantown, PA

Completed by Christina Fay	Title VP of Operations	Signature Christina Fay	Date 09/04/2026

ASB-41 (R-06-08)

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Print Form

11311

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

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SEP 14 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/08/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 5033 Witherspoon Avenue	
City, State, Zip Code: Pennsauken, NJ 08109	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 5033 Witherspoon Avenue			
City (5): Pennsauken		Square Feet: 1,300	# of Floors: 2 / Bldg. Age: 76
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): 09/17/2026	Scheduled Completion Date (11): 09/18/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Laundry Room			X	Sheet Flooring & Mastic	84 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/18/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 09/08/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/08/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 7 Pin Oak Trail	
		City, State, Zip Code: Medford, NJ 08055	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 7 Pin Oak Trail			
City (5): Medford		Square Feet: 1,800	# of Floors: 2 / Bldg. Age: 58
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): 09/09/2026	Scheduled Completion Date (11): 09/11/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Dining Room			X	Floor Tile	155 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/11/2026	City, State: Morgantown, PA
Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 09/08/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/08/2026		Name of Building Owner/Operator (2):	
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation	Street Address: 22 Princeton Lane	
		City, State, Zip Code: Willingboro, NJ 08046	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 22 Princeton Lane			
City (5): Willingboro		Square Feet: 2,070	# of Floors: 2 / Bldg. Age: 70
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): 09/09/2026	Scheduled Completion Date (11): 09/14/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-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
Kitchen/Dining Room & Front Room			X	Floor Tile	384 SF	X			
Living Room			X	Floor Tile	286 SF	X			
2nd Floor Hallway & 4 Bedrooms			X	Floor Tile	650 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 15	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/14/2026	City, State: Morgantown, PA

Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 09/08/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/04/2026	Name of Building Owner/Operator (2): RTH Building Company
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 75 Midland Ave
	City, State, Zip Code: Montclair, NJ 07042
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 88 S Mountain Ave	
City (5): Montclair, NJ, 07042	Square Feet: / # of Floors: / Bldg. Age:
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): M&N Restoration LLC	
Street Address		Street Address: 34 William Pl	
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (973) 883-5645	License No.: 02046
Start Date (10): 09/14/2026	Scheduled Completion Date (11): 09/24/2026	Name of OSHA Monitor: M&N Restoration LLC	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 34 William Pl / City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st, 2nd floor and attic		+		Plaster walls and ceiling	1000 SF	+			

Name of Registered Waste Hauler: Century	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Tullyton, PA
Completed by: Nevena Olcan	Title: Managing member	Signature:	Date: 09/04/2026

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ASBESTOS CONTROL & LICENSING

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 8/28/26	Name of Building Owner/Operator (2): City of Vineland
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 640 East Wood Street
	City, State, Zip Code: Vineland NJ 08360
	Name of Contact: Matleo Robbai — Telephone Number: 856-794-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Demo Debris Previous Garage		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 523 East Peach Street			
City (5): Vineland NJ 08360		Square Feet: 1000+	# of Floors: 1 — Bldg. Age: 50+
County (6): Cumberland	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Garage / Debris Pile	

Name of Monitoring Firm Hired by Building Owner (8): Finog Environmental	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address: 617 Stokes Road Suite 4-318		Street Address: PO Box 329	
City, State, Zip Code: Medford NJ 08055		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm: Mark Rubnitz	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 9/11/26	Scheduled Completion Date (11): 9/18/26	Name of OSHA Monitor: Same	

Occupancy Status During Abatement (Check Only One)
☒ 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
X Wet Demo
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler: SJ Hauck	NJDEP Waste Hauler ID No.: 0039275	Cubic Yards of Waste: TBD	Name of Registered Landfill: Cumberland County Landfill
City, State: Absecon NJ		Disposal Date: TBD	City, State: Vineland NJ

Completed by: Anthony T Perna	Title: President	Signature	Date: 8/25/26

ASB-41 (R-06-08)

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

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SEP 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/08/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 54 Oak Crest Rd	
City, State, Zip Code: West Orange NJ 07052	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 54 Oak Crest Rd			
City (5): West Orange		Square Feet	# of Floors: 2 / Bldg. Age: +50
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): United Demo LLC	
Street Address		Street Address: 143 Acme St	
City, State, Zip Code		City, State, Zip Code: Elizabeth NJ 07202	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 862-218-3930	License No.: 02045
Start Date (10): 09/18/2026	Scheduled Completion Date (11): 09/21/2026	Name of OSHA Monitor: United Demo LLC	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 143 Acme St / City, State, Zip Code: Elizabeth NJ 07202	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	450 SF	X			
1st fl Sun room			X	VAT	120 SF	X			

Name of Registered Waste Hauler: United Demo LLC	NJDEP Waste Hauler ID No.: 0040986	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date	City, State: Morrisville PA

Completed by: Jose N Rosas	Title: Project Manager	Signature: Jose N Rosas	Date: 09/08/2026

ASB-41 (R-06-08)

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

RECEIVED
SEP 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 05 / 13 / 26

Name of Building Owner / Operator (2): PASSAIC VALLEY SEWAGE COMMISSION

Street Address: 600 WILSON AVENUE

City, State, Zip Code: NEWARK, NJ 07105

Name of Contact: PATRICK O'CONNOR

Telephone Number: 201.206.5568

Agencies Notified:
- ☐ EPA
- ☐ DEP
- ☑ DOH
- ☑ DOL

Type of Notification:
- ☐ Initial
- ☑ Amended
  Amendment #____1____
- ☐ Emergency w/ justification
- ☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PVSC SUPPORT BUILDING

Street Address: 600 WILSON AVENUE

Type of Facility (4):
- ☐ School (K-12)
- ☐ Subchapter 8 (Other than K-12)
- ☑ Other (I.e., private & cmmercial bldgs., homes, etc.)

City (5)	County (6)	County Code (7)	Square Feet	# Of Floors	Building Age
NEWARK	ESSEX		20,000	3	80 +

Current Use (Prior if being demolished): INDUSTRIAL

Name of Monitoring Firm Hired by Bldg. Owner (8): EHI

ASCM NO:

Street Address: 655 West Shore Trial

City, State, Zip Code: SPARTA, NJ 07871

Project Mngr. For Monitoring Firm: JP von DOEHREN

Telephone Number: 973-729-5649

Name of Abatement Contractor (9): Northstar Contracting Group, Inc.

Street Address: 32 Williams Parkway

City, State, Zip Code: East Hanover, NJ 07936

Telephone Number: 973-772-3660

License Number: 00860

Sheduled Start Date (10): 06 / 15 / 26

Sched. Completetion Date (11): 10 / 15 / 26

Occupancy Status During Abatement (Check Only 1):
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____
- ☑ Other - Describe: _ 7:00AM-3:30 PM MON-FRI

Name of OSHA Monitor: Northstar Contracting Group, Inc.

Street Address: 32 Williams Parkway

City, State, Zip Code: East Hanover, NJ 07936

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES	NO	N/A	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
EXTERIOR	☐	☑		WATERPROOFING	15,000 SF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: NORTHSTAR CONTRACTING GROUP, INC

NJDEP Waste Hauler ID No.: 30534

Cubic Yards of Waste:

Name of Registered Landfill: FAIRLESS LANDFILL

City, State: EAST HANOVER, NJ 07936

Disposal Date:

City. State: MORRISVILLE, PA

Completed by (Print or Type): STEVEN STILES

Title: PROJECT MANAGER

Signature: Steven Stiles

Date: 09/15/26

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/2/2026	Name of Building Owner/Operator (2): HEKEMIAN & CO INC.
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 505 MAIN STREET. City, State, Zip Code: HACKENSACK NJ. 07601 Name of Contact: FRANK ROCCO — Telephone Number: 551-487-1500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): COMMERCIAL Street Address: 98 EAST MAIN ST.	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
City (5): RAMSEY NJ. 07446	Square Feet: 1,800. SF — # of Floors: 1 — Bldg. Age: 46
County (6): BERGEN — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): N/A
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): 9/14/2026 — Scheduled Completion Date (11): 9/14/2026	Name of OSHA Monitor: HILLMANN ENVIRONMENTAL LABORATORIES
Occupancy Status During Abatement (Check Only One) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 1600 VAUXHALL ROAD. SUITE # 107 City, State, Zip Code: UNION NJ. 07083.

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-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
1ST. FLOOR		X		FLOOR TILE	670. 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: MANAGER	Signature: [signature]	Date: 9/2/2026

ASB-41 (R-06-08)

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

AUG 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 07/31/2026	Name of Building Owner/Operator (2): State of New Jersey, Department of Corrections
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: PO Box 863
	City, State, Zip Code: Trenton, NJ 08625
	Name of Contact: David Wiszniewski — Telephone Number: 609-292-4036 x 5431

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Edna Mahan Correctional Facility	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 30 County Road 513	
City (5): Clinton	Square Feet: 200,000 — # of Floors: 2 — Bldg. Age: 113
County (6): Hunterdon — County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): Correctional Facility

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 West 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): 08/24/2026 — Scheduled Completion Date (11): 09/04/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Abatement performed in vacant areas	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) 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
Room V1		X		Floor Tile	62 SF	X			
Room H001		X		Floor Tile	260 SF	X			
Room H001		X		Sprayed-on Ceiling Fire-Proofing	5 SF	X			
Room 003				Sprayed-on Ceiling Fire-Proofing	5 SF	X			

Name of Registered Waste Hauler: Freehold Cartage — NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 3	Name of Registered Landfill: Conestoga Landfill	
City, State: Freehold, NJ	Disposal Date: 09/04/2026	City, State: Morgantown, PA	

Completed by	Title	Signature	Date
Shannon Thomson	Operations Manager	Shannon Thomson	07/31/2026

ASB-41 (R-06-08)

*Continued on Page 2

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
Room 004		X		Sprayed-on Ceiling Fire-Proofing	5 SF	X	
Room 005		X		Sprayed-on Ceiling Fire-Proofing	5 SF	X	
Rooms V1, H001, 001, 002, 003, 004, & 005		X		Thermal Insulation	50 LF		X

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

9/3/26: Corrected Notification- Amended #2 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED
SEP 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/07/2026	Name of Building Owner/Operator (2): Long Beach Island Consolidated School District
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [ ] Initial [x] Amended Amendment #2 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 200 S.Bernegat Avenue
	City, State, Zip Code: Surf City,NJ 08008
	Name of Contact: Bryan Keeshan — Telephone Number: 732-229-4064

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Ethel Jacobson Elementary School			Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 200 Bernegat Avenue			
City (5): Surf City	Square Feet	# of Floors	Bldg. Age
County (6): Ocean	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): RJB Enviremonet, Inc.	ASCM No	Name of Abatement Contractor (9): NorthEast Management LLC	
Street Address: PO Box 869		Street Address: 41 Madison Avenue	
City, State, Zip Code: Levittown, PA 19058		City, State, Zip Code: Rochelle Park, NJ, 07662	
Project Manager for Monitoring Firm: Richard Beach	Telephone No.: 267-991-9212	Telephone No.: 201-577-1381	License No: 02008
Start Date (10): 8/3/2026	Scheduled Completion Date (11): 9/4/2026	Name of OSHA Monitor: NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:		Street Address: 41 Madison Avenue	
		City, State, Zip Code: Rochelle Park,NJ 07662	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-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
Restrooms 14B/14C			X	Pipe Fitting Insulation	13LF	X			
Restrooms 14B/14C			X	ACM Mastic	32SF	X			
Throughtout			X	Vermiculite Insulation	492SF	X			
Troughtout			X	Board Glue Dots	334SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Sonja Dimovska	Title: Owner	Signature: S Dimovska	Date: 8/72026

ASB-41 (R-06-08)

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

B52 Amendment #1

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

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SEP 22 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/14/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 900 Bloomfield Avenue
	City, State, Zip Code: Caldwell, NJ 07006
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 516 Passaic Avenue	
City (5): West Caldwell	Square Feet: / # of Floors: / Bldg. Age:
County (6): Essex	County Code (7) *(STATE USE ONLY)*: / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): NorthEast Management LLC	
Street Address		Street Address: 41 Madison Avenue	
City, State, Zip Code		City, State, Zip Code: Rochelle Park, NJ 07006	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-577-1381	License No.: 02008
Start Date (10): 9/8/2026	Scheduled Completion Date (11): 9/28/2026	Name of OSHA Monitor: NorthEast Management LLC	

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

Street Address: 41 Madison Avenue
City, State, Zip Code: Rochelle Park, NJ 07006

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] Glovebag Procedure
[X] Non-Exempted (*) and Non-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
1st Floor			X	Plaster	3,800SF	X			
2nd Floor			X	Plaster	2,400SF	X			
Kitchen			X	Floor Tile	150SF	X			
Basement			X	Pipe Insulation	60LF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date:	City, State: Morrisville, PA

Completed by: Sonja Dimovska	Title: Owner	Signature: S. Dimovska	Date: 9/14/2026

ASB-41 (R-06-08)

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

Print Form

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CK# 1150

SEP 14 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/11/2026	Name of Building Owner/Operator (2): SHG Montvale MB, LLC
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 10 Sterling Blvd, Suite 401
	City, State, Zip Code: Englewood, NJ 07631
	Name of Contact: John Driesse — Telephone Number: 973-769-9081

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Glenview Road	
City (5): Montvale	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
Street Address		Street Address: 41 Madison Avenue
City, State, Zip Code		City, State, Zip Code: Rochelle Park, NJ 07662
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-577-1381 — License No.: 02008
Start Date (10): 9/21/2026	Scheduled Completion Date (11): 11/20/2026	Name of OSHA Monitor: NorthEast Management
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 41 Madison Avenue; City, State, Zip Code: Rochelle Park, NJ 07662

Scope of Work (Check All That Apply)

- [X] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-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
See attached			X	See attached	see attached				

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: S. Dimovska	Date: 9/11/2026

ASB-41 (R-06-08)

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

ASBESTOS QUANTITIES

RE: 1 Glenview Road, Montvale, NJ

Select Interior Walls (see Drawings)	Waterproofing Tar	2,996 sq. ft.
1ST Floor, Upper North Office, 2 Bathrooms (see Drawings)	Mirror Glue Dots	36 sq. ft.
Mezzanine Office Closet (see Drawings)	12-inch floor tiles	75 sq. ft.
SW Foyer & Bathroom (see Drawings)	12-inch floor tiles	25 sq. ft.
Exterior Façade around windows and doors and on Expansion Joints (see Drawings)	Window Caulk	2,012 ln. ft. or 168 sq. ft.
Upper Roof/Exterior (see Drawings)	Transite panels	3,240 square feet
Roof Parapets, HVAC Units & Penetrations (see Drawings)	Parapet Mastic	3,252 square feet
Foundation Walls (assumed present)	Waterproofing Membrane/Tar	Unknown [2]
North Office Building	Exterior Waterproofing	2,160SF

1185

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SEP 16 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/11/2026	Name of Building Owner/Operator (2): Elberon Development Group
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 633 Division Street
	City, State, Zip Code: Elizabeth, NJ 07201
	Name of Contact: Max Rogers — Telephone Number: 908-625-2543

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 780 Dowd Road	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): 9/21/2026 — Scheduled Completion Date (11): 9/28/2026	Name of OSHA Monitor: NorthEast Management LLC
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 41 Madison Avenue — City, State, Zip Code: Rochelle Park, NJ 07662

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout			X	Pipe Insulation	200LF	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: S. Dimovska	Date: 9/11/2026

ASB-41 (R-06-08)

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

44579

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

44579

RECEIVED
SEP 15 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
9 / 10 /2026

Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

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

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
RICHARD DAVIDSON

Telephone Number
201-638-9178

FACILITY INFORMATION

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

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

Street Address
30 PROSPECT AVENUE

Square Feet	# of Floors	Bldg. Age
50,000	5	60+

City (5)	County (6)	County Code (7) (STATE USE ONLY)
HACKENSACK	BERGEN	

Current Use (Prior if being demolished)
COMMERCIAL

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

ASCM No.
99

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
300 KIMBALL DRIVE

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
PARSIPPANY, NEW JERSEY 07054

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
CRAIG NAPOLITANO

Telephone Number
646-210-6500

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
9 / 21 /2026
Month Day Year

Sched. Completion Date (11)
10 / /21 /2026
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)
- [ ] Demolition
- [x] >3SF OR LF
- [ ] >160 SF OR 260 LF
- [X] Renovation

- [ ] Full Containment
- [X] Mini-Enclo ,
- [ ] 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND FLOOR -ROOM 2868			X	WALL MASTIC	75 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING 369 RAYMOND BLVD.	913	10	GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 9/21/2026-9/25/3026	City, State PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		9-10-26

Print Form

Job#6486

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

*Courtesy Filings

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SEP 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09-08-26	Name of Building Owner/Operator (2): United States Postal Service
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 80 County Rd
	City, State, Zip Code: Jersey City, NJ 07307
	Name of Contact: Dwayne Price — Telephone Number: 202-701-5782

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): United States Postal Service	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 80 County Rd	Square Feet: 574,000 — # of Floors: 1 — Bldg. Age: 50
City (5): Jersey City	
County (6): Hudson — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Federal Government - US Post Office
Name of Monitoring Firm Hired by Building Owner (8): Empire Environmental — ASCM No.: 00154	Name of Abatement Contractor (9): Pinnacle Environmental Corp.
Street Address: 150 River Rd	Street Address: 200 Broad Street
City, State, Zip Code: Monteville, NJ 07045	City, State, Zip Code: Carlstadt, NJ 07072
Project Manager for Monitoring Firm: Michael Boggi — Telephone No.: 973-334-5641	Telephone No.: 201-939-6565 — License No.: 00756
Start Date (10): 07-20-26 — Scheduled Completion Date (11): 12-20-26	Name of OSHA Monitor: Even-Air Inc.
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 10-59 Jackson Avenue — City, State, Zip Code: Long Island City, NY 11101

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-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
Foreign and Military Bldg			x	Transite Panels	45,000 SF	x			
Ground Floor Bathroom			x	VAT & Mastic	100 SF	x			
Ground Floor Bathroom			x	Pipe Insulation	30 LF	x			

Name of Registered Waste Hauler: Century Waste Services, LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS North Landfill
City, State: North Bergen, NJ 07047 / Freehold, NJ 07728		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Joseph Patrick	Title: Project Manager	Signature	Date: 09-08-26

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

ASB-41 (R-06-08)

Print Form

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SEP 15 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/11/2026	Name of Building Owner/Operator (2): NJ Department of Human Services
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☒ Cancellation
	Street Address: 222 South Warren Street
	City, State, Zip Code: Trenton, NJ 08625
	Name of Contact: Michael Ridofino — Telephone Number: 609-947-6431

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hunterdon Developmental Center - Cottage 17	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 40 Pittstown Road	
City (5): Clinton	Square Feet: 100,000 — # of Floors: 2 — Bldg. Age: 67
County (6): Hunterdon — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Developmental Center
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc. — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 120 North Warren Street	Street Address: 623 Cutler Avenue
City, State, Zip Code: Trenton, NJ 08608	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Roland Jones — Telephone No.: 609-392-4200	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 09/08/2026 — Scheduled Completion Date (11): 09/18/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Abatement performed in vacated areas	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) 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
Storage Room 41		X		Floor Tile & Mastic	120 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/18/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/11/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): September 9, 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: 23 Beach Avenue	
City, State, Zip Code: Bridgewater, NJ, 08807	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 23 Beach Avenue	
City (5): Bridgewater	Square Feet: 800 / # of Floors: 1 / Bldg. Age: unknown
County (6): Somerset / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Panoramic Window & Door Systems, Inc.
Street Address	Street Address: 712 Sergeantsville Road
City, State, Zip Code	City, State, Zip Code: Stockton, NJ 08559
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-926-0900 / License No.: 01237
Start Date (10): 9/21/26 / Scheduled Completion Date (11): 9/22/26	Name of OSHA Monitor: Panoramic Window & Door Systems, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 712 Sergeantsville Road / City, State, Zip Code: Stockton, NJ 08559

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Siding	770 sf	x			
Exterior Windows			x	Windows	30 sf	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: TB	City, State: Easton, PA

Completed by: Paul Nagy	Title: VP	Signature:	Date: 9/9/26

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

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
9/14/26	

Agencies Notified
- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended — Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address	
254 W 12th St	
City, State, Zip Code	
Ship Bottom NJ 08008	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 254 W 12th St	
City (5): Ship Bottom NJ 08008	Square Feet: 800 / # of Floors: 1 / Bldg. Age: 50+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____
	Current Use (Prior if being demolished): Garage Only

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		Pernaco Inc.
Street Address		Street Address: PO Box 329
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
9/23/26	9/29/26	Same

Occupancy Status During Abatement (Check Only One)
- [x] 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
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-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
Exterior Siding Garage only			x	Exterior Siding Garage Only	800 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Pernaco Inc	21787	3	Fairless Hills
City, State: Berlin NJ		Disposal Date: 9/29/26	City, State: Morrisville PA 19067

Completed by	Title	Signature	Date
Anthony T Perna	President		9/14/26

ASB-41 (R-06-08)

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CHECK #033749
SEP 16 2026
ASBESTOS CONTROL & LICENSING

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

#6533

Date of Notification (1): 09-09-26	Name of Building Owner/Operator (2): Prudential Life	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 213 Washington Street
		City, State, Zip Code: Newark, NJ 07102
		Name of Contact: Matthew Debendette — Telephone Number: (551) 349-1938

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Prudential Life		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 751 Broad Street		Square Feet: 600,500 — # of Floors: 15 — Bldg. Age: 90
City (5): Newark		Current Use (Prior if being demolished): Commercial
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	

Name of Monitoring Firm Hired by Building Owner (8): Atlas Technical Consultants LLC	ASCM No.	Name of Abatement Contractor (9): Pinnacle Environmental Corp.	
Street Address: 3 Terri Ln Suites 4-5,		Street Address: 200 Broad Street	
City, State, Zip Code: Burlington Township,NJ 08016		City, State, Zip Code: Carlstadt, NJ 07072	
Project Manager for Monitoring Firm: John Lutz	Telephone No.: 609-386-8800	Telephone No.: 201-939-6565	License No.: 00756
Start Date (10): 09-19-26	Scheduled Completion Date (11): 03-31-26	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 307 West 38th Street	
		City, State, Zip Code: New York, NY 10018	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

OSHA Class II

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

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

Name of Registered Waste Hauler: Cardella Trucking Co./Freehold Cartage, Inc.	NJDEP Waste Hauler ID No.: 01191	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS North Landfill
City, State: North Bergen, NJ 07047 / Freehold, NJ 07728		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Kevin Moriarty	Title: Project Manager	Signature: Kevin Moriarty	Date: 09-09-26

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

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/15/2025	Name of Building Owner/Operator (2): Aerovista Properties Group LLC & Frightline Support Group LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1725 Irving St
	City, State, Zip Code: Rahway NJ 07065
	Name of Contact: Donna Dean — Telephone Number: 908-705-0693

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Comercial Building old Joy Cleaners & Laundry	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1725 Irving St	
City (5): Rahway	Square Feet: — # of Floors: 1 — Bldg. Age: +50
County (6): Union — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): United Demo LLC
Street Address	Street Address: 143 Acme St
City, State, Zip Code	City, State, Zip Code: Elizabeth NJ 07202
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 862-218-3930 — License No.: 02045
Start Date (10): 09/25/2026 — Scheduled Completion Date (11): 09/29/2026	Name of OSHA Monitor: United Demo LLC
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 143 Acme St — City, State, Zip Code: Elizabeth NJ 07202

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
Building Main area			X	VAT	2500 SF	X			

Name of Registered Waste Hauler: United Demo LLC	NJDEP Waste Hauler ID No.: 0040986	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth NJ		Disposal Date: TBD	City, State: Morrisville PA

Completed by: Jose N Rosas	Title: Project Manager	Signature: Jose N Rosas	Date: 09/15/2026

ASB-41 (R-06-08)

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1018

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/17/2026	Name of Building Owner/Operator (2): RCT SLACKLLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 2345 RT 22 W
	City, State, Zip Code: UNION NJ 07083
	Name of Contact: CHRIS SLACK — Telephone Number: 9086521282

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): WAREHOUSE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2365 RT 22 W	Square Feet: 10,100 — # of Floors: — Bldg. Age: +50
City (5): UNION	Current Use (Prior if being demolished): COMMERCIAL
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): MALCO ENVIRONMENTAL LLC
Street Address: —	Street Address: 24 LINCOLN AVE W
City, State, Zip Code: —	City, State, Zip Code: CRANFORD, NJ 07016
Project Manager for Monitoring Firm: — Telephone No.: —	Telephone No.: 7325133487 — License No.: 02113
Start Date (10): 09/26/2026 — Scheduled Completion Date (11): 09/31/2026	Name of OSHA Monitor: —
Occupancy Status During Abatement (Check Only One): [x] 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
[x] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-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
interior OFFICE AREA		X		FLOOR TILES AND MASTIC	60SF	X			

Name of Registered Waste Hauler: CENTURY WASTE	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste:	Name of Registered Landfill: United States
City, State: 623 DOWD AVE ELIZABETH, NJ 07201		Disposal Date:	City, State: MORRISVILLE, PA
Completed by: JENNIFER GOMES	Title: PRESIDENT	Signature:	Date: 09/17/2026

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ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/17/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
Street Address: 41 W. Walnut Avenue	
City, State, Zip Code: Merchantville, NJ 08109	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 41 W. Walnut Avenue	
City (5): Merchantville	Square Feet: 4,040 / # of Floors: 3 / Bldg. Age: 133
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): 09/18/2026 / Scheduled Completion Date (11): 09/25/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd Floor Bedroom			X	Vermiculite	72 SF	X			
Attic			X	Vermiculite	134 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: 09/25/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/17/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-14-26	Name of Building Owner/Operator (2): STAR CONSTRUCTION INC.
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. BOX 36
	City, State, Zip Code: MOORESTOWN N.J 08057
	Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 2028 CENTRAL AVE	Square Feet: 1500 # of Floors: 1 Bldg. Age: 50+
City (5): OCEAN CITY	
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 N.J 08052
Project Manager for Monitoring Firm: _____ Telephone No.: _____	Telephone No.: 856-779-0472 License No.: 13711
Start Date (10): 9-24-26 Scheduled Completion Date (11): 10-5-26.	Name of OSHA Monitor: N/A.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____	Street Address: _____ City, State, Zip Code: _____

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: 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: 3	Name of Registered Landfill: C.M.C M.U.A
City, State: MAPLE SHADE N.J		Disposal Date: _____	City, State: WOODBINE
Completed By: MICHAEL KLEMM	Title: SUP.	Signature: [signature]	Date: 9-14-26

ASB-41

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-14-26

Name of Building Owner/Operator (2): CLARKE EDWARD DEVELOPEMENT

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

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

Street Address: 111 E 9TH ST 3RD FLOOR

City, State, Zip Code: OCEAN CITY NJ 08226

Name of Contact:

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 864 PARK PL.

City (5): OCEAN CITY

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: 1500 # of Floors: 2 Bldg Age: 50+

Current Use (Prior if being demolished): VACANT

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE NJ 08052

Telephone No.: 856-779-0422 License No.: H 1371

Start Date (10): 9-25-26 Scheduled Completion Date (11): 10-6-26

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

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) 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
SIDING			X	TRANSITE	2500 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 13904

Cubic Yards of Waste: 5

Disposal Date:

Name of Registered Landfill: CMCMUA

City, State: WOODBINE NJ

City, State: MAPLE SHADE NJ 08052

Completed By: MICHAEL KLEMM

Title: PRES.

Signature:

Date: 9-14-26

AS8-41

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SEP 21 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/16/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancelation	Street Address: 8 Hudson Ave	
		City, State, Zip Code: East Orange, NJ 07018	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 8 Hudson Ave			
City (5): East Orange		Square Foot: 2,000	# of Floors: 2 / Bldg. Age: 55+
County (6): Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	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.	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 09/19/2026	Scheduled Completion Date (11): 09/21/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8am-4:30pm		Street Address: 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code: Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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 (Specity SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement boiler room		X		TSI	60 LF	X			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: 1+	Name of Regustered 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: 9/16/2026

2231

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 14 / 25	Name of Building Owner/Operator (2): Rowan University
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 201 Mullica Hill Road
	City, State, Zip Code: Glassboro NJ. 08028
	Name of Contact: Tom Gallia — Telephone Number: 856-256-4142

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bole Hall Annex	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 201 Mullica Hill Road	
City (5): Glassboro	Square Feet: 5000 — # of Floors: 1 — Bldg. Age: +/- 75
County (6): Gloucester — County Code (7)(*STATE USE ONLY*):	Current Use (Prior if being demolished): Vacant

Name of Monitoring Firm Hired by Building Owner (8): Dynamic Earth, LLC — ASCM No.:	Name of Abatement Contractor (9): USA Environmental Management, Inc.	
Street Address: 826 Newtown Yardley Road, Suite 201	Street Address: 8436 Enterprise Avenue	
City, State, Zip Code: Newtown, PA 18940	City, State, Zip Code: Philadelphia, PA 19153	
Project Manager for Monitoring Firm: Julian Fernandez Obregon — Telephone No.: 267-685-0276	Telephone No.: 215-365-5810	License No.: 1156
Start Date (10): 09 / 24 / 26 — Scheduled Completion Date (11): 10 / 01 / 26	Name of OSHA Monitor: USA Environmental Management, Inc	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-_____PM/3:30PM-_____AM	Street Address: 8436 Enterprise Avenue	
	City, State, Zip Code: Philadelphia, PA 19153	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Office Room 1 & 2	☐	☐	☒	Floor Tile and Mastic	884 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: USA Environmental Management, Inc. — NJDEP Waste Hauler ID No.: 32610	Cubic Yards of Waste: 01	Name of Registered Landfill: Western Berks Landfill	
City, State: Philadelphia, PA	Disposal Date: 10/31/2026	City, State: Birdsboro, PA	
Completed By (Print or Type): Tracy Smith	Title: President	Signature: FOR- T. Smith	Date: 9-14-26

ASB-41
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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/16/26		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 516 N Atlantic Ave	
		City, State, Zip Code: Beach Haven NJ 08008	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 516 N Atlantic Ave			
City (5): Beach Haven NJ 08008		Square Feet: 1200+	# of Floors: 1 / Bldg. Age: 50+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House & Garage	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address:		Street Address: PO Box 329	
City, State, Zip Code:		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 9/25/26	Scheduled Completion Date (11): 10/1/26	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1800 SF	X			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: Berlin NJ		Disposal Date: 10/1/26	City, State: Morrisville PA 19067
Completed by: Anthony T Perna	Title: President	Signature:	Date: 9/16/26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/14/2026	Name of Building Owner/Operator (2):	
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 32 Stanford Road
		City, State, Zip Code: Cherry Hill, NJ 08034
		Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 32 Stanford Road			
City (5): Cherry Hill		Square Feet: 720	# of Floors: 2 / Bldg. Age: 55
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): 09/23/2026	Scheduled Completion Date (11): 09/25/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf

[X] Renovation [ ] Demolition

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

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

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/25/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/14/2026

ASB-41 (R-06-08)

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

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SEP 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/16/26		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1446 Paul Blvd.	
		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): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address: 1446 Paul Blvd.				
City (5): Manahawkin NJ 08050		Square Feet: 1200+	# of Floors: 1	Bldg. Age: 50+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House		
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.		
Street Address		Street Address: PO Box 329		
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091		
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727	
Start Date (10): 9/28/26	Scheduled Completion Date (11): 10/2/26	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior 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: Fairless Hills
City, State: Berlin NJ		Disposal Date: 10/2/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 9/16/26

ASB-41 (R-06-08)

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

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Checks #

Date of Notification (1): **September 14, 2026**	Name of Building Owner / Operator (2): **Bank of America** RECEIVED
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # 1 ☐ Cancellation
	Street Address: **One Lincoln Center, Suite 300** SEP 21 2026
	City, State & Zip Code: **Syracuse NY 13202** ASBESTOS CONTROL & LICENSING
	Name of Contact: **Thomas Ashman** — Telephone Number: **516 972 8809**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Bank of America**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, home, etc.)
Street Address: **176 South Street**	Square Feet: **2000** — # of Floors: **1** — Bldg. Age: **50**
City (5): **Newark**	Current Use (Prior if being demolished): **Bank**
County (6): **Essex** — County Code (7) *USE ONLY*	
Name of Monitoring Firm Hired by Building Owner (8): **Arcadis US, Inc.** — ASCM No.	Name of Abatement Contractor (9): **Synatech, Inc.**
Street Address: **27-01 Queens Plaza North, Suite 800**	Street Address: **1432 Route 539**
City, State & Zip Code: **Long Island City, NY 11101**	City, State & Zip Code: **Little Egg Harbor, NJ 08087**
Project Manager for Monitoring Firm: **Troy Ray** — Telephone Number: **631-338-4944**	Telephone Number: **609-296-6916** — License Number: **00817**
Scheduled Start Date (10): **September 26,2026** — Scheduled Completion Date (11): **October 30,2026**	Name of OSHA Monitor: **Synatech, Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours ☐ Other – Describe: ☐ Facility Occupied During Abatement	Street Address: **1432 Route 539** — City, State & Zip Code: **Little Egg Harbor, NJ 08087**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 lf ☒ ≥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 or 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
Breakroom/Work Station			x	Floor tile/mastic	650 SF	X			
Stairwell			X	ACM Stair treads and mastic	39 SF				

Name of Registered Waste Hauler: **Synatech, Inc.**	NJDEP Waste Hauler ID No.: **27429**	Cubic Yards of Waste: **1**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Little Egg Harbor, NJ 08087**		Disposal Date: October 31,2026	City, State: **Morrisville, PA**
Completed By: **Erica Vanarelli**	Title: **Finance/Office Executive**	Signature: Erica Vanarelli	Date: **September 14, 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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Checks #

SEP 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **August 6, 2026**	Name of Building Owner / Operator (2): **Bank of America**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_ ☐ Cancellation
	Street Address: **One Lincoln Center Suite 300**
	City, State & Zip Code: **Syracuse NY 13202**
	Name of Contact: **Thomas Ashman** — Telephone Number: **516 972 8809**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Bank of America**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, home, etc.)
Street Address: **6050 Bergenline Avenue**	Square Feet: **1800** — # of Floors: **1** — Bldg. Age: **50**
City (5): **West New York**	Current Use (Prior if being demolished): **Bank**
County (6): Hudson — County Code (7) *USE ONLY*	
Name of Monitoring Firm Hired by Building Owner (8): **Arcadis US, Inc.** — ASCM No.	Name of Abatement Contractor (9): **Synatech, Inc.**
Street Address: **27-01 Queens Plaza North, Suite 800**	Street Address: **1432 Route 539**
City, State & Zip Code: **Long Island City, NY 11101**	City, State & Zip Code: **Little Egg Harbor, NJ 08087**
Project Manager for Monitoring Firm: **Troy Ray** — Telephone Number: **631-338-4944**	Telephone Number: **609-296-6916** — License Number: **00817**
Scheduled Start Date (10): **August 21, 2026** — Scheduled Completion Date (11): **November 30, 2026**	Name of OSHA Monitor: **Synatech, Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours ☐ Other – Describe: ☐ Facility Occupied During Abatement	Street Address: **1432 Route 539** — City, State & Zip Code: **Little Egg Harbor, NJ 08087**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 lf ☒ ≥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 or 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
Storage Room			x	Tile and mastic	96 SF	X			
Teller Work Area			X	Tile and mastic	100 SF	X			
Basement			X	Tile and mastic	1,200 SF	X			

Name of Registered Waste Hauler: **Synatech, Inc.**	NJDEP Waste Hauler ID No.: **27429**	Cubic Yards of Waste: **4**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Little Egg Harbor, NJ 08087**		Disposal Date: December 1, 2026	City, State: **Morrisville, PA**
Completed By: **Erica Vanarelli**	Title: Finance/Office Executive	Signature: Erica Vanarelli	Date: August 6, 2026

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6462 CK# 6462

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-10-26

Name of Building Owner/Operator (2): REUTER CONSTRUCTION

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

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

Street Address: 959 N. BEECHAM RD

City, State, Zip Code: WILLIAMSTOWN N.J 08094

Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

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

Street Address: 853 NORTH ST

City (5): OCEAN CITY

Square Feet: 1500 # of Floors: 2 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 N.J 08052

Project Manager for Monitoring Firm: Telephone No:

Telephone No: 856-779-0472 License No: # 01371

Start Date (10): 9-20-26 Scheduled Completion Date (11): 9-30-26

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address:

City, State, Zip Code:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	3000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 17904

Cubic Yards of Waste: 4

Disposal Date:

Name of Registered Landfill: CMC MUA

City, State: MAPLE SHADE N.J

City, State: WOODBINE NJ

Completed By: MICHAEL KLEMCO

Title: PRES

Signature:

Date: 9-10-26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-10-26	Name of Building Owner/Operator (2): DUNC RE LLC.
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1548 WESLEY AVE
	City, State, Zip Code: OCEAN CITY NJ
	Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 804 2ND ST	Square Feet: 1500 # of Floors: 2 Bldg. Age: 50+
City (5): OCEAN CITY	
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.: 13371
Start Date (10): 9-21-26 Scheduled Completion Date (11): 10-1-26	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____	Street Address: _____ City, State, Zip Code: _____

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

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

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 5	Name of Registered Landfill: CMCMUA
City, State: MAPLE SHADE N.J 08052		Disposal Date: _____	City, State: WOODBINE NJ
Completed By: MICHAEL KLEMM	Title: PRES.	Signature: [signature]	Date: 9-10-26

ASB-41

* 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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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
09/11/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	324 West Northfield Road
		City, State, Zip Code: Livingston, New Jersey 07039
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Home	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 324 West Northfield Rd	
City (5): Livingston	Square Feet: 1,191 SF / # of Floors: 1 Story / Bldg. Age: 1943
County (6): Essex County / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		True Star Contracting
Street Address		Street Address: 54 Hedden Terrace
City, State, Zip Code		City, State, Zip Code: North Arlington, New Jersey 07031
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: (201) 790-4530 / License No.: 02047
Start Date (10): 09/22/2026	Scheduled Completion Date (11): 09/23/2026	Name of OSHA Monitor

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

Street Address
City, State, Zip Code

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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		Gray Pipe Insulation	46 LF	X			
Basement		X		Floor Tile with Black Mastic	300 SF	X			
1st Floor - Windows		X		Gray Caulking	78 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
True Star Contracting	0041405	1	Keystone Sanitary Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Dunmore, PA

Completed by	Title	Signature	Date
Nestor M. Alvez	Project Manager	Nestor Alvez	09/11/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/11/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 181A Valley Road	
City, State, Zip Code: Montclair, New Jersey 07042	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 181a Valley Road	
City (5): Montclair	Square Feet: 1,534 SF; # of Floors: 2 Floors; Bldg. Age: 1902
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.
Street Address	
City, State, Zip Code	
Project Manager for Monitoring Firm	Telephone No.
Start Date (10): 09/21/2026	Scheduled Completion Date (11): 09/23/2026
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	

Name of Abatement Contractor (9): True Star Contracting	
Street Address: 54 Hedden Terrace	
City, State, Zip Code: North Arlington, New Jersey 07031	
Telephone No.: (201) 790-4530	License No.: 02047
Name of OSHA Monitor	
Street Address	
City, State, Zip Code	

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Pipes		X		Thermal Systems Insulation	80 LF	X			

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 1	Name of Registered Landfill: Keystone Sanitary Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Dunmore, PA

Completed by: Nestor M. Alvez	Title: Project Manager	Signature: Nestor M. Alvez	Date: 09/11/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/15/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1 Crestwood Drive City, State, Zip Code: Maplewood, New Jersey 07040 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Home		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 1 Crestwood Drive			
City (5): Maplewood		Square Feet: 2,800 SF	# of Floors: 2 Floors / Bldg. Age: 1949
County (6): Essex County	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): True Star Contracting	
Street Address		Street Address: 54 Hedden Terrace	
City, State, Zip Code		City, State, Zip Code: North Arlington, New Jersey 07031	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (201) 790-4530	License No.: 02047
Start Date (10): 09/24/2026	Scheduled Completion Date (11): 09/25/2026	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) 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		Asbestos Duct Insulation	30 SF	X			

Name of Registered Waste Hauler: True Star Contracting	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 1	Name of Registered Landfill: Keystone Sanitary Landfill
City, State: North Arlington, New Jersey		Disposal Date: TBD	City, State: Dunmore, PA

Completed by: Nestor M. Alvez	Title: Project Manager	Signature:	Date: 09/15/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/15/26		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 11 Gloria Lane	
		City, State, Zip Code: Willingboro, NJ, 08046	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 11 Gloria Lane			
City (5): Willingboro, NJ, 08046		Square Feet: 1200+	# of Floors: 1 / Bldg. Age: 50+
County (6): Burlington	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): N/A	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address:		Street Address: PO Box 329	
City, State, Zip Code:		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 9/24/26	Scheduled Completion Date (11): 9/27/26	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) 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
Living Room			x	Tile & Mastic	365	SF			

Name of Registered Waste Hauler: Pernaco	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: West Berlin, NJ		Disposal Date: 9/29/26	City, State: Morrisville, PA, 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 9/15/26

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 10 / 26		Name of Building Owner/Operator (2)	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 186 Glenview Rd.	
		City, State, Zip Code: South Orange NJ. 07079.	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 186 GLENVIEW ROAD			
City (5): SOUTH ORANGE NJ. 07079		Square Feet: 2,400. SF	# of Floors: 2 / Bldg. Age: 74
County (6): ESSEX	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): N/A	

Name of Monitoring Firm Hired by Building Owner (8): EMPIRE ENVIRONMENTAL LTD.	ASCM No.	Name of Abatement Contractor (9): NORTH EAST ENVIRONMENTAL LLC.	
Street Address: 150 River Rd Ste F4,		Street Address: 52 FIELD ROAD	
City, State, Zip Code: MONTVILLE NJ. 07045		City, State, Zip Code: CLIFTON NJ. 07013	
Project Manager for Monitoring Firm: MICHAEL BOGGI	Telephone No.: (973) 334-5641	Telephone No.: 201-776-0642	License No.: 01300
Start Date (10): 9 / 19 / 26	Scheduled Completion Date (11): 9 / 22 / 26	Name of OSHA Monitor: EMPIRE ENVIRONMENTAL LTD.	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 150 River Rd Ste F4,	
		City, State, Zip Code: Montville, NJ 07045	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT	☐	☒	☐	FLOOR TILE 9X9	1,200. SF.	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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 (Print or Type): CARLOS ESQUIVEL	Title: PRESIDENT	Signature: [signature]	Date: 09-10-2026

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)
9 / 15 /2026

Name of Building Owner/Operator (2)
VERIZON NJ INC.

Street Address
138-144 MAIN STREET

City, State, Zip Code
WOODBRIDGE, NEW JERSEY 07095

Name of Contact
CHARLES MESSING

Telephone Number
917-992-1356

Agencies Notified		Type Notification	
	EPA	X	Initial Notification
	DEP		Amended Notification
X	DOL		Cancellation
X	DOH		On Hold
	DCA		EMERGENCY NOTIFICATION

FACILITY INFORMATION

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

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

Street Address
138-144 MAIN STREET

Square Feet	# of Floors	Bldg. Age
29,055	2	60+

City (5)	County (6)	County Code (7) (STATE USE ONLY)
WOODBRIDGE TOWNSHIP	MIDDLESEX	

Current Use (Prior if being demolished) Pharm. Lab.
COMMUNICATION BUILDING

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

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
344 WEST STATE STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
TRENTON, NEW JERSEY 08618

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm	Telephone Number
MATHIEU CHAPUIS	215-847-4715

Telephone Number	License Number
845-369-7500	1101

Expected State Date (10)	Sched. Completion Date (11)
9 / 28 /26	10 / 28 /26
Month Day Year	Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: MONDAY-FRIDAY 5 PM - 12 AM

Street Address
1376 ROUTE 9

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

Scope of Work (Check all that apply)
- [ ] Demolition
- [X] Renovation
- [X] >3SF OR LF
- [ ] >160 SF OR 260 LF
- [ ] Full Containment
- [X] Mini-Enclo ,
- [ ] 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT (NEAR AIR DRYERS)			X	FLOOR TILE & MASTIC	25 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING	913	2	GRAND CENTRAL SANITARY

City, State	Disposal Date	City, State
NEWARK , NEW JERSEY	9/29-10/28/26	PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	VICE PRESIDENT, OPERATIONS		9-15-26

CK # 6463

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-12-26

Name of Building Owner/Operator (2): JIM MURRAY

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

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

Street Address: 129 OCEAN RD

City, State, Zip Code: OCEAN CITY NJ

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 129 OCEAN RD

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

City (5): OCEAN CITY

Square Feet: 1500 # of Floors: 2 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.: M 1371

Start Date (10): 9-24-26 Scheduled Completion Date (11): 10-4-26

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one):
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Street Address: _____

City, State, Zip Code: _____

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

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

Name of Registered Waste Hauler: KLEMCO INC NJDEP Waste Hauler ID No.: 17904 Cubic Yards of Waste: 5 Name of Registered Landfill: CMSLA

City, State: MAPLE SHADE NJ 08052 Disposal Date: _____ City, State: WOODBINE NJ.

Completed By: MICHAEL KLEMM Title: PRES. Signature: _____ Date: 9-12-26

ASB-41

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-12-26

Name of Building Owner/Operator (2): REUTER CONSTRUCTION

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

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

Street Address: 959 N. BEECHAM RD

City, State, Zip Code: WILLIAMSTOWN N.J 08094

Name of Contact: | Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 4544 CENTRAL AVE

City (5): OCEAN CITY

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: 1500 | # of Floors: 2 | Bldg Age: 50

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A | ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm | Telephone No:

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Telephone No: 856-779-0422 | License No: # 01371

Start Date (10): 9-22-26 | Scheduled Completion Date (11): 10-2-26

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

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) 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
SIDING			X	TRANSITE	2500 SF	X			

Name of Registered Waste Hauler: KLEMCO INC | NJDEP Waste Hauler ID No.: 17904 | Cubic Yards of Waste: 4 | Disposal Date:

Name of Registered Landfill: CMC MUA

City, State: WOODBINE NJ

City, State: MAPLE SHADE N.J

Completed By: MICHAEL KLEMCO | Title: PRES | Signature: | Date: 9-12-26

Print Form

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

RECEIVED
SEP 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/14/2026	Name of Building Owner/Operator (2): USPS Elizabeth Branch
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment #2 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 310 N Broad street City, State, Zip Code: Elizabeth NJ 07208 Name of Contact: Carlos Vega Telephone Number: 908-820-8490

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): USPS ELIZABETH BRANCH			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 310 N. Broad Street			
City (5): Elizabeth	Square Feet: 25000	# of Floors: 1	Bldg. Age: 60+
County (6): Union	County Code (7) (STATE USE ONLY):		Current Use (Prior if being demolished): USPS

Name of Monitoring Firm Hired by Building Owner (8): ECS Mid Atlantic LLC	ASCM No.	Name of Abatement Contractor (9): PRISM Response	
Street Address: 52 Grumbachar RD		Street Address: 4000 Triangle Lane, Suite 160	
City, State, Zip Code: York PA 17406		City, State, Zip Code: Export, PA 15632	
Project Manager for Monitoring Firm: Cody S Wagner	Telephone No.: 717-767-4788	Telephone No.: 570-708-7776	License No.
Start Date (10): 05/08/2026	Scheduled Completion Date (11): 12/31/2026 *	Name of OSHA Monitor: Prism Response	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [x] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:		Street Address: 70 Hillside drive City, State, Zip Code: Drums PA 18222	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Work Station Room			X	VAT & Mastic	8200 SF	X			
			X			X			
			X			X			

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Central New Jersey		Disposal Date	City, State: Morrisville, Pennsylvania

Completed by: Jessica Wolfe	Title: Administrative Support	Signature: Jessica Wolfe	Date: 9/14/2026

*Prism will return onsite 9/16.

ASB-41 (R-06-08)

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

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SEP 21 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/16/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 1333 Atlantic Avenue	
City, State, Zip Code: Atlantic City, NJ 08401	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 11 Farragut Avenue	
City (5): Mays Landing	Square Feet: 2,000 / # of Floors: 2 / Bldg. Age: 60
County (6): Atlantic / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Coastal Environmental Compliance, LLC	ASCM No.:	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 167		Street Address: 623 Cutler Avenue
City, State, Zip Code: Hammonton, NJ 08037		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Cathy Ledden / Telephone No.: 609-820-9312		Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 09/28/2026	Scheduled Completion Date (11): 10/06/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
1st Floor Porch Area			X	Floor Tile	360 SF	X			
Above the Porch Area			X	Top Gravel Roof	360 SF	X			

Name of Registered Waste Hauler: Shade Environmental, LLC	NJDEP Waste Hauler ID No.: 32426	Cubic Yards of Waste: 5	Name of Registered Landfill: Atlantic County Landfill
City, State: Maple Shade, NJ		Disposal Date: 10/06/2026	City, State: Egg Harbor Township, NJ

Completed by: Samantha Brown	Title: Operations Manager	Signature:	Date: 09/16/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/16/2026		Name of Building Owner/Operator (2): Newark Board of Education	
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation	Street Address: 190 Muhammad Ali Avenue	
		City, State, Zip Code: Newark, NJ 07108	
		Name of Contact: Benjamin Olagadeyo	Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): East Ward Elementary School		Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 104 Oliver Street			
City (5): Newark		Square Feet: 100,000	# of Floors: 4 / Bldg. Age: 141
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 1253 N. Church Street		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Jim Guilardi	Telephone No.: 856-840-8800	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 09/18/2026	Scheduled Completion Date (11): 09/21/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [X] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor Boy's Restroom		X		Pipe Insulation	8 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 09/21/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Manager	Signature: [signature]	Date: 09/16/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 09/16/2026	Name of Building Owner/Operator (2): New Jersey Department of Military Affairs
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 101 Eggert Crossing Road
	City, State, Zip Code: Lawrenceville, NJ 08648
	Name of Contact: Arturo Domingo — Telephone Number: 732-530-6784

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): USPFO Warehouse Building 7	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 131 Eggerts Crossing Road	
City (5): Lawrenceville	Square Feet: 50,000 — # of Floors: 2 — Bldg. Age: 100
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Warehouse
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc. — ASCM No.: 003	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1253 N. Church Street	Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Brian Clark — Telephone No.: 856-840-8800	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 10/05/2026 — Scheduled Completion Date (11): 10/16/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Subchapter 8 Occupied Conditions	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-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
Bathroom		X		Ceramic Wall Tile Thinset	720 SF	X			
Bathroom		X		Glue Dots under Mirrors	100 SF	X			
Break Room		X		Cementitious Door Caulk	40 LF	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: 10/16/2026	City, State: Morgantown, PA

Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 09/16/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)
9 / 17 /2026

Name of Building Owner/Operator (2)
SOUTHERN OCEAN MEDICAL CENTER

Street Address
1140 ROUTE 72

City, State, Zip Code
STAFFORD TOWNSHIP, NEW JERSEY 08050

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

Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [ ] Initial Notification
- [x] Amended Notification #1
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

FACILITY INFORMATION

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

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

Street Address
1142 ROUTE 72

Square Feet	# of Floors	Bldg. Age
310,000	4	83

City (5)	County (6)	County Code (7) (STATE USE ONLY)
STAFFORD TOWNSHIP	OCEAN	

Current Use (Prior if being demolished)

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

ASCM No.
99

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NEW JERSEY

Project Manager for Monitoring Firm	Telephone Number
THOMAS GEIGER	908-715-2600

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number	License Number
845-369-7500	1101

Expected State Date (10)	Sched. Completion Date (11)
8 / 28 /2026	12 / 30 /2026
Month Day Year	Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF
- [X] Renovation
- [X] Full Containment
- [ ] Mini-Enclo ,
- [ ] Glovebag Procedure
- [X] 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) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR OLD STERILE STORAGE RM			X	VAT & MASTIC	500 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR STERILIZE CLOSET			X	**FLOOR MASTIC**	**100 SF**	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING 369 RAYMOND BLVD.	913	13	GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 8/28/26-12/30/26	City, State PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		9-17-26

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/21/2023	Name of Building Owner/Operator (2): New Jersey American Water Company
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1 Water St
	City, State, Zip Code: Camden NJ 08102
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 Dale Ave	
City (5): Washington	Square Feet: 200 / # of Floors: 1 / Bldg. Age: 48
County (6): Warren County / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Public Water Utility Well House
Name of Monitoring Firm Hired by Building Owner (8): IEC / ASCM No.	Name of Abatement Contractor (9): Neuber Environmental Services Inc
Street Address: 117 N Black Horse Pike	Street Address: 1100 Grosser Rd
City, State, Zip Code: Runnemede NJ 08078	City, State, Zip Code: Glibertsville PA 19525
Project Manager for Monitoring Firm: Mike Menz / Telephone No.: 856 628-6020	Telephone No.: 610 933-4332 / License No.: 00836
Start Date (10): 10/05/2026 / Scheduled Completion Date (11): 10/07/2026	Name of OSHA Monitor: IEC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 117 N Black Horse Pike / City, State, Zip Code: Runnemede NJ 08078

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-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
Ext walls		X		Transite siding	250 sf	x			
Bottom of sheetrock walls		x		Black cove mastic	150 sf	x			

Name of Registered Waste Hauler: Tri-State Waste	NJDEP Waste Hauler ID No.: 12414	Cubic Yards of Waste	Name of Registered Landfill: Conestoga Landfill
City, State: Philadelphia PA		Disposal Date: 10/10/2026	City, State: Morgantown PA

Completed by: Shanta Tucker	Title: Project Manager	Signature: Shanta Tucker	Date: 9/21/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)	Name of Building Owner/Operator (2)
09/18/2026	

Agencies Notified	Type Notification	Street Address	
☒ EPA	☒ Initial	274 Diamond Hill Rd	
☐ DEP	☐ Amended	City, State, Zip Code	
☒ DOL	Amendment #_____	Berkeley Heights, NJ 07922	
	☐ Emergency (including	Name of Contact	Telephone Number
☒ DOH	justification)		(
☐ DCA	☐ Cancelation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	☐ School (K-12)
Street Address	☐ Subchapter 8 (Other than K-12)
274 Diamond Hill Rd	☒ Other (i.e. private & Commercial buildings, homes, etc.)

City (5)	Square Foot	# of Floors	Bldg. Age
Berkeley Heights	1,300	2	55+

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

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.	Telephone No.	License No.
		973-333-9176	01331

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
09/28/2026	09/29/2026	Envirovision Consultants, Inc.

Occupancy Status During Abatement (Check Only One)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement	20-21 Wagaraw Rd., Bldg. 35-E
☐ Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code
☒ Other - Describe: __8am-4:30pm_____	Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI	60 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regustered Landfill
Unicorn Contracting Corp.	0035844	1+	Fairless Hills Landfill
City, State		Disposal Date	City, State
Bloomfield, New Jersey		TBD	Morrisville, PA

Completed by	Title	Signature	Date
Blazhe Grozdanov	Project Manager	BG	09/18/2026

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

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SEP 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/21/26	Name of Building Owner/Operator (2): Monmouth County Park Systems
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 805 Newman Springs Road
	City, State, Zip Code: Lincroft NJ 07738
	Name of Contact: Jason Rogers — Telephone Number: 732-842-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Red Gables Ranger Cottage #4204	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 620 Navesink River Road	
City (5): Red Bank NJ 07747	Square Feet: 2688 +/- — # of Floors: 3 — Bldg. Age: 50+
County (6): Monmouth — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Cottage
Name of Monitoring Firm Hired by Building Owner (8): Environmental Tactics, Inc. — ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address: 64 Broad Street	Street Address: PO Box 329
City, State, Zip Code: Matawan NJ 07747	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm: Thamas Geiger — Telephone No.: 732-290-2217	Telephone No.: 856-753-9800 — License No.: 00727
Start Date (10): 10/5/26 — Scheduled Completion Date (11): 10/23/26	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) 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, 1st 2nd Floor Throughout		x		Surfacing (Plaster)	7000 SF	x			
1st Floor Wall Cavities		x		TSI (Pipe)	40 LF	x			

Name of Registered Waste Hauler: Mazza Recycling	NJDEP Waste Hauler ID No.: 36891	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Hills
City, State: Tinton Falls NJ		Disposal Date: 10/23/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 9/21/26

ASB-41 (R-06-08)

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

RECEIVED
SEP 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/21/26		Name of Building Owner/Operator (2): Sisters of Charity of St Elizabeth	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 7201 Long Beach Blvd	
		City, State, Zip Code: Harvey Cedars NJ 08008	
		Name of Contact: Joycelynn	Telephone Number: 609-294-4900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Sisters of Charity of St Elizabeth		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 7201 Long Beach Blvd			
City (5): Harvey Cedars 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): Convent	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 10/1/26	Scheduled Completion Date (11): 10/9/26	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	6000 SF	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 6	Name of Registered Landfill: Fairless Hills
City, State: Berlin NJ		Disposal Date: 10/6/26	City, State: Morrisville PA 19067
Completed by: Anthony T Perna	Title: President	Signature:	Date: 9/21/26

ASB-41 (R-06-08)

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

Print Form

10781

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

RECEIVED
SEP 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/21/26	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 N 7th St	
City, State, Zip Code: Surf City NJ 08008	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 26 N 7th St	
City (5): Surf City NJ 08008	Square Feet: 1000 / # of Floors: 1 / Bldg. Age: 50+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address		Street Address: PO Box 329
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 9/30/26	Scheduled Completion Date (11): 10/6/26	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1300 SF	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 2	Name of Registered Landfill: Fairless Hills
City, State: Berlin NJ		Disposal Date: 10/6/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 9/21/26

ASB-41 (R-06-08)

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

10783

Print Form

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

RECEIVED
SEP 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/21/26		Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: 106 E 25th St
		City, State, Zip Code: Long Beach Twp NJ 08008
		Name of Contact:
		Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 106 E 25th St			
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 & Garage	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address:		Street Address: PO Box 329	
City, State, Zip Code:		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm:	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 9/30/26	Scheduled Completion Date (11): 10/6/26	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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	2100 SF	x			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Hills
City, State: Berlin NJ		Disposal Date: 10/2/26	City, State: Morrisville PA 19067
Completed by: Anthony T Perna	Title: President	Signature:	Date: 9/21/26

ASB-41 (R-06-08)

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

4191

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

RECEIVED
SEP 29 2025
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/16/2026		Name of Building Owner/Operator (2) Ilearn Facility Development Inc	Check # 4191 ($600)
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 33-00 Broadway	
		City, State, Zip Code Fair Lawn, NJ 07032	
		Name of Contact Richard Arslan	Telephone Number 708-967-5720

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Stephans Convent		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial 1ldgs.., homes, etc.)	
Street Address 131 Midland Ave			
City (5) Kearny, New Jersey 07032		Square Feet 16,000	# of Floors 3 / Bldg. Age +55
County (6) Hudson	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) warehouse	

Name of Monitoring Firm Hired by Building Owner (8) New Wave Engineering, LLC	ASCM No. 0012	Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO Box 4124		Street Address 246 Union Boulevard	
City, State, Zip Code Wayne, New Jersey 07474		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Nadine Bello, MS, RPIH, CIEC, AST	Telephone No 973-981-4850	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 10/05/2026	Scheduled Completion Date (11) 12/05/2026	Name of OSHA Monitor **LIS CONSULTING SERVICES, LLC**	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: __		Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove bag Procedure / *Limited Containment & Tent*
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Throughout building	X			Aircell Insulation Insulation (Wrap & Cut)	2784 LF	X			
Throughout building	X			Tiles & Mastic	6534 SF	X			
Chapel Ceiling	X			Ceiling Plaster	600 SF	X			
Basement	X			Boiler Breaching	120 SF	X			
Windows	X			Windows Caulking	36 ea.	X			

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Landfill
City, State Elizabeth, New Jersey		Disposal Date December/2026	City, State Pen Argyl, PA

Completed by Adriana Olejarova	Title President	Signature	Date 09/16/2025

ASB-41 (R-06-08)

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

1670

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

RECEIVED
SEP 23 2026
ASBESTOS CONTROL & LICENSING

22609

Date of Notification (1): September 21, 2026	Name of Building Owner/Operator (2): KPMG
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 75 Chestnut Ridge Rd.
	City, State, Zip Code: Montvale, NJ 07645
	Name of Contact: Project Manager — Telephone Number: 973-234-7026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): KPMG	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 Chestnut Rd.	
City (5): Montvale	Square Feet: — # of Floors: 3 — Bldg. Age: 41
County (6): Bergen — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): empty

Name of Monitoring Firm Hired by Building Owner (8): Emerald Environmental Group, LLC — ASCM No.:	Name of Abatement Contractor (9): The MACK Group, LLC	
Street Address: 22 Ottawa Rd N	Street Address: 1500 Kings HWY N, STE 209	
City, State, Zip Code: Morganville, NJ 07751-1346	City, State, Zip Code: Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm: Joseph Rizzo, CSP, CHMM — Telephone No.: 973-641-1736	Telephone No.: (973) 759 - 5000	License No.: 00781
Start Date (10): 10/5/26 — Scheduled Completion Date (11): 12/31/26	Name of OSHA Monitor: The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe: _____	Street Address: 1500 Kings HWY N, STE 209 — City, State, Zip Code: Cherry Hill, NJ 08034	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-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
Bathrooms			X	Mirror Mastic	496 sf	X			
Behind exterior granite panels			X	exterior waterproofing	8538 sf	X			
Foundation Walls (subgrade)			X	Foundation Waterproofing	9737 sf	X			

Name of Registered Waste Hauler: Century Waste Services LLC	NJ DEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 187.7	Name of Registered Landfill: IESI Bethlehem landfill / Minerva Ent.
City, State: Elizabeth, NJ		Disposal Date: 12/31/26	City, State: Bethlehem, PA / Waynesburg, OH

Completed by: Steve King	Title: V.P.	Signature:	Date: 9/21/26

ASB-41 (R-06-08)

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