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Print Form

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

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FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/06/2026		Name of Building Owner/Operator (2) Marz Golf Holdings, LLC dba Forest Hill Field Club							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Belleville Avenue		City, State, Zip Code Bloomfield, NJ 07003					
		Name of Contact Jay Daly		Telephone Number 973-868-9498					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Forest Hill Field Club			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 9 Belleville Avenue			Square Feet 20,000	# of Floors 2	Bldg. Age 130				
City (5) Bloomfield		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Golf & Country Club					
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental		Name of Abatement Contractor (9) United Safety LLC					
Street Address 2333 US-22		Street Address 101 Alexander Avenue Unit 4		City, State, Zip Code Pompton Plains, NJ 07444					
City, State, Zip Code Union, NJ 07083		Telephone No. 866-311-1534		Telephone No. 973-276-0099	License No. 01317				
Project Manager for Monitoring Firm Rick Eustaquio		Start Date (10) 2/20/26		Scheduled Completion Date (11) 2/25/26					
Name of OSHA Monitor United Safety LLC		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 3:30 pm							
Street Address 101 Alexander Avenue Unit 4		City, State, Zip Code Pompton Plains, NJ 07444							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Pipe Insulation	4 LF	X			
Boiler Room Crawl Space	X			Pipe Insulation/Debris	10 SF	X			
Name of Registered Waste Hauler RED Technologies LLC		NJDEP Waste Hauler ID No. 0036163		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill				
City, State Bloomfield, CT		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 2/06/2026			

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

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State of New Jersey
PAID
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)
 PAL Job# 25-1167 Revise Procedure

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FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/05/2026		Name of Building Owner/Operator (2) New Jersey Performing Arts Center, Inc.								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Rector Street								
		City, State, Zip Code Newark, NJ 07102								
		Name of Contact Tim Lizura	Telephone Number 973-297-5144							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) New Jersey Performing Arts Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 24 Rector Street		Square Feet	# of Floors							
City (5) Newark, NJ		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) Whitman Company		ASCM No. 00110	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Environ							
Street Address 100 Franklin Square Drive Suite 200		Street Address 11-02 Queens Plaza South								
City, State, Zip Code Somerset, NJ 08873		City, State, Zip Code Long Island City, NY 11101								
Project Manager for Monitoring Firm Mark Costantino	Telephone No. 732-491-1620	Telephone No. 718-349-0900	License No. 00853							
Start Date (10) 02/09/2026	Scheduled Completion Date (11) 08/09/2026	Name of OSHA Monitor Hugo Lascano								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1602 80th Street								
		City, State, Zip Code North Bergen, NJ 07047								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor		X		Pipe Insulation	600 LF	X				
2nd Floor		X		Pipe Insulation	550 LF	X				
3rd Floor		X		Pipe Insulation	300 LF	X				
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 60 Yards	Name of Registered Landfill Minerva Enterprises						
City, State Shirley, NY 11967			Disposal Date 02/16/2026	City, State Waynesburg, OH 44688						
Completed by Ann A. Ali		Title Compliance Admin	Signature 	Date 02/05/2026						

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

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Date of Notification (1) 2/28/25		Name of Building Owner/Operator (2) PAID							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 616 Hamilton Road		FEB 20 2025 ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Wenonah, NJ 08090						
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SFD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 616 Hamilton Road			Square Feet	# of Floors	Bldg. Age				
City (5) Wenonah		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SFD					
County (6) Gloucester									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp						
Street Address		Street Address 282 Creek Road							
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856.931.3366	License No. 01339					
Start Date (10) 2/28/25		Scheduled Completion Date (11) 4/30/25		Name of OSHA Monitor Andrew Ricco					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 282 Creek Road						
			City, State, Zip Code Bellmawr, NJ 08031						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Siding	1200 SF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Bellmawr, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Ricco		Title President		Signature <i>Andrew Ricco</i>		Date 2/28/25			

* 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 8:60-7 and 12:120-7)

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Date of Notification (1)
2 / 17 /2026

Name of Building Owner/Operator (2)
VERIZON

Street Address
1 VERIZON WAY

City, State, Zip Code
BASKING RIDGE, NEW JERSEY 07920

Name of Contact
RAUL RENDON

Telephone Number
973-634-1007

Agencies Notified

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

Type Notification

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

ASBESTOS CONTROL & LICENSING

FEB 19 2026

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
490 PROSPECT AVENUE

Square Feet
32,925

of Floors
3

Bldg. Age
60+

City (5)
WEST ORANGE

County (6)
ESSEX

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Pharm. Lab. COMMUNICATION BUILDING

Name of Monitoring Firm Hired by Building Owner (8)
T.T.I.

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1253 NORTH CHURCH STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
MOORESTOWN, NEW JERSEY 08057

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
KRIS SMITH

Telephone Number
609-313-8218

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
2 / 9 /26

Sched. Completion Date (11)
2 / 17 /26

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:

Other - Describe: MONDAY -FRIDAY 5 PM - 1AM

Street Address
1376 ROUTE 9

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

Scope of Work (Check all that apply)

Demolition

>3SF OR LF

>160 SF OR 260 LF

Renovation

Full Containment with Negative Pressure

Mini-Encl ,

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT MER			x	PIPE INSULATION	150 LF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
5

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State
NEWARK, NEW JERSEY

Disposal Date
2/9/26-4/30/26

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
VICE PRESIDENT, OPERATIONS

Signature

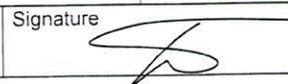
Date
2-17-26

MO# 55054402377

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

FEB 19 2026

Date of Notification (1) <u>01</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) Team Academy Charter School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 60 Park Place, Suite #802							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Kelsey Waite	Telephone Number (732) 673-7258						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) KIPP Upper Roseville Academy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 300 N 13th Street		Square Feet 155,000	# of Floors 3						
City (5) Newark		Bldg. Age 98							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Educational							
Name of Monitoring Firm Hired by Building Owner (8) Tectonic Engineering	ASCM No. 00152	Name of Abatement Contractor (9) Spes Contracting LLC							
Street Address 33 Bleeker Street, Suite 206		Street Address 59 Beaverbrook Rd. Ste #302 E							
City, State, Zip Code Milburn, NJ 07041		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Joseph Kinsella	Telephone No. (862) 233-5776	Telephone No. (973) 807-6330	License No. 01383						
Start Date (10) <u>02</u> / <u>13</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>23</u> / <u>26</u>	Name of OSHA Monitor Spes Contracting LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM- ___PM/ ___PM- ___AM		Street Address 59 Beaverbrook Rd. Ste #302 E							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Serving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Serving Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Work: 3rd Floor Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Spes Contracting LLC	NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 30	Name of Registered Landfill Tri State Transfer & Associates						
City, State Lincoln Park, NJ		Disposal Date TBD	City, State Bronx, NY						
Completed By (Print or Type) Branislav Pavlov	Title General Manager	Signature 		Date 02/17/2026					

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

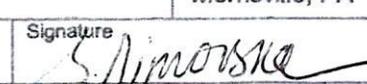
FEB 19 2026

Date of Notification (1) 2/13/2026		Name of Building Owner/Operator (2) Sterling Properties								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 E Mt Pleasant Avenue								
		City, State, Zip Code Livingston, NJ 07039								
		Name of Contact Rob Wyder	Telephone Number 908-797-8748							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 22-03 Fair Lawn Avenue		Square Feet	# of Floors							
City (5) Fair Lawn		Bldg. Age								
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC							
Street Address		Street Address 41 Madison Avenue								
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662								
Project Manager for Monitoring Firm		Telephone No. 201-577-1381	License No. 02008							
Start Date (10) 2/23/2026	Scheduled Completion Date (11) 2/23/2026	Name of OSHA Monitor NorthEast Management LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 41 Madison Avenue								
		City, State, Zip Code Rochelle Park, NJ 07662								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Throughout			X	Floor tiles	4,230SF	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA						
Completed by Sonja Dimovska		Title Owner	Signature <i>S. Dimovska</i>				Date 2/13/2026			

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

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

Date of Notification (1) 2/13/2026		Name of Building Owner/Operator (2) Sterling Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 E Mt Pleasant Avenue		City, State, Zip Code Livingston, NJ 07039				
			Name of Contact Rob Wyder		Telephone Number 908-797-8748				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 22-03 Fair Lawn Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) Fair Lawn		County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC						
Street Address		City, State, Zip Code	Street Address 41 Madison Avenue	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) 2/23/2026		Scheduled Completion Date (11) 4/23/2026		Name of OSHA Monitor NorthEast Management LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 41 Madison Avenue						
			City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Roof Tar/Caulk/Flashing	17,150SF	X			
Restaurant			X	Duct Tar	240SF	X			
Basement			X	Floor Tile	50SF	X			
Basement			X	Pipe Insulation/fitting	66LF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Sonja Dimovska			Title Owner		Signature 		Date 2/13/2026		

* Emergency 10/4/14 *

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

00022
 RECEIVED

Date of Notification (1) 2/13/26		Name of Building Owner/Operator (2) Camden County Hall of Justice,	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 S. Fifth St,	
		City, State, Zip Code Camden, NJ, 08103	
		Name of Contact Michael D. Billingham	Telephone Number 856-374-6090

Name of Facility Where Abatement is Taking Place (3) Camden County Hall of Justice,		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 101 S. Fifth St,		Square Feet 1000+	# of Floors 6
City (5) Camden, NJ, 08103		Bldg. Age 35 +	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address 1253 North Church Street,		Street Address PO Box 329	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm James Guilardi	Telephone No. 856-840-8800	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 2/14/26	Scheduled Completion Date (11) 2/17/26	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 8, Kitchenette Area 1st Fl			X	Floor Tile & Mastic	100 SF	X			

Name of Registered Waste Hauler Pernaco Inc	NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills
City, State West Berlin NJ	Disposal Date 2/17/26	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 2/13/26

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

554

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

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Date of Notification (1) February 12, 2026		Name of Building Owner/Operator (2) Meadowlands Park, LLC							
Agencies Notified	Type Notification	Street Address 570 Commerce Blvd.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carlstadt, NJ 07072							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Project Manager	Telephone Number 973-234-7026						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 651 12th Street		Square Feet	# of Floors						
City (5) Carlstadt		Bldg. Age							
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	License No. 00781						
Start Date (10) 3/2/26	Scheduled Completion Date (11) 5/31/26	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Building	<input checked="" type="checkbox"/>			Building Caulk (Grey)	25 LF	<input checked="" type="checkbox"/>			
Roof	<input checked="" type="checkbox"/>			Roofing Debris	50 SF	<input checked="" type="checkbox"/>			
Roof	<input checked="" type="checkbox"/>			Roof Field	4,600 SF	<input checked="" type="checkbox"/>			
Roof	<input checked="" type="checkbox"/>			Roof Edge Flashing	290 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Century Waste Services LLC		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 49.6	Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent.					
City, State Elizabeth, NJ		Disposal Date 5/31/26		City, State Bethlehem, PA / Waynesburg, OH					
Completed by Steve King		Title V.P.	Signature 		Date 2/12/26				

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

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Date of Notification (1) 2/14/26		Name of Building Owner/Operator (2) <u>ASBESTOS CONTROL & LICENSING</u>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5419 A Long Beach Blvd.								
		City, State, Zip Code Harvey Cedars NJ 08008								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 5419 A Long Beach Blvd.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Harvey Cedars NJ 08008		Square Feet 8000	# of Floors 1							
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 2/23/26	Scheduled Completion Date (11) 2/27/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior				Transite Panels	1500 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 W Berlin NJ		Disposal Date 2/27/26	City, State Morrisville PA 19067							
Completed by Anthony T Perna		Title President	Signature 				Date 2/14/26			

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

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

FEB 19 2026

Date of Notification (1) 2-12-26		Name of Building Owner/Operator (2) JOHNATHAN HAWK EXCAVATING & SENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. BOX 198	
		City, State, Zip Code CAPE MAY COURT HOUSE	
		Name of Contact:	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 160 W MORNING GLORY RD		Square Feet 1500	# of Floors 2
City (5) WILDWOOD CREST		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) KLEWCO 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. License No. 856-779-0472 - 01371

Start Date (10) 2-22-26	Scheduled Completion Date (11) 3-4-26	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply):

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

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

Name of Registered Waste Hauler KLEWCO 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 NJ	Disposal Date	City, State WOODBINE	
Completed By: MICHAEL KLEWCO	Title SUP.	Signature MICHAEL KLEWCO	Date 2-12-26

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CK # 6347

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

FEB 19 2026

Date of Notification (1) 2-12-26		Name of Building Owner/Operator (2) ROBERT COSTE								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2001 ROSEMAR LN.								
		City, State, Zip Code OCCAW CITY N.J. 08226								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address 300 WESLEY AVE		Square Feet	# of Floors							
City (5) OCCAW CITY		Bldg. Age								
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEMCO INC							
Street Address		Street Address 369 S. SPRUCE AVE								
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 856-779-0472 #1371							
Start Date (10) 2-22-26	Scheduled Completion Date (11) 3-4-26	Name of OSHA Monitor JOSEPH KLEMM								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE AVE								
		City, State, Zip Code MAPLE SHADE N.J. 08052								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
SIDING			X	TRANSITE	3000 SF	X				
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C. M.O.A.						
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE							
Completed By MICHAEL KLEMM		Title Michael	Signature <i>Michael</i>		Date 2-12-26					

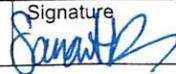
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1349616

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

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FEB 12 2026

Date of Notification (1) 02/06/2026		Name of Building Owner/Operator (2) United States Postal Service								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 89 River Road								
		City, State, Zip Code Hoboken, NJ 07030								
		Name of Contact Terry Carroll	Telephone Number 856-783-0770							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Hoboken Main Post Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 89 River Road		Square Feet 50,000	# of Floors 4							
City (5) Hoboken		Bldg. Age 80								
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Post Office								
Name of Monitoring Firm Hired by Building Owner (8) EFI Global, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 11 Commerce Way, Suite A		Street Address 623 Cutler Avenue								
City, State, Zip Code Totowa, NJ 07512		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Maryellen Leotta		Telephone No. 732-629-7930	Telephone No. 856-755-0099							
		License No. 00842								
Start Date (10) 02/11/2026	Scheduled Completion Date (11) 02/16/2026	Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Abatement performed in vacant area of building</u>		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor Mail Vestibule		X		Pipe Fitting 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 Fairless Landfill						
City, State Freehold, NJ		Disposal Date 02/16/2026		City, State Morrisville, PA						
Completed by Samantha Brown		Title Operations Coordinator	Signature 				Date 02/06/2026			

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

407 2026

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Date of Notification (1) February 5, 2026		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> 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

FEB 17 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 555 Convey Boulevard		Square Feet 2000	# of Floors 1
City (5) Perth Amboy		Bldg. Age 50	
County (6) Middlesex	County Code (7) USE ONLY	Current Use (Prior if being demolished) Bank	
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) February 7, 2026	Scheduled Completion Date (11) February 28, 2026	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> 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)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement storage room			x	Floor tile	120 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date March 2, 2026	City, State Morrisville, PA	
Completed By Erica Vanarelli	Title Finance/Office Executive	Signature <i>Erica Vanarelli</i>	Date February 5, 2026

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

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Date of Notification (1) <u>02</u> / <u>03</u> / <u>26</u>		Name of Building Owner/Operator (2) Department of Veterans Affairs, VA Medical Center Lyons							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 151 Knollcroft Road							
		City, State, Zip Code Lyons, NJ 07939							
		Name of Contact Wilbert Ortiz Jusino	Telephone Number (908) 346-2733						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VA Medical Center Lyons Buildings 2, 10, 11		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 151 Knollcroft Road		Square Feet 40,000SF EA	# of Floors 3 EA Bldg						
City (5) Lyons		Bldg. Age 80 EA Bldg							
County (6) Somerset	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) VA Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.	ASCM No. 0095	Name of Abatement Contractor (9) SAI Environmental Services, LLC							
Street Address 5434 King Ave, Suite 101		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jay Murray	Telephone No. 856-616-9516	Telephone No. (973) 852-3444	License No. 01349						
Start Date (10) <u>02</u> / <u>17</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>16</u> / <u>26</u>	Name of OSHA Monitor Egan Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM</u> / _____ PM - _____ AM		Street Address 812 Ocean Road							
		City, State, Zip Code Spring Lake Heights, NJ 07762							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 2 (Room 26)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 10 (Basement Crawlspace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/ACM Debris	50LF/2000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 11 (Basement Crawlspace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/ACM Debris	50LF/2000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler RED Technologies LLC		NJDEP Waste Hauler ID No. 0050296	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill					
City, State Portland, CT		Disposal Date TBD		City, State Waynesburgh, OH					
Completed By (Print or Type) Mary Petrovski	Title President	Signature 			Date 02/03/2026				

4344558
43696
RECEIVED

43696

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

Date of Notification (1)
2 / 12 /2026

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
MIKE WENDT

Telephone Number
862-370-1484

Agencies Notified

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

FEB 17 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SETON HALL UNIVERSITY

Type of Facility (4)

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

Street Address
400 SOUTH ORANGE AVENUE

Square Feet **# of Floors** **Bldg. Age**

City (5)
SOUTH ORANGE

County (6)
ESSEX

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
FORMER STEAM TUNNEL

Name of Monitoring Firm Hired by Building Owner (8)
T.T.I.

ASCM No.
3

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1253 NORTH CHURCH STREET

City, State, Zip Code
MOORESTOWN, NEW JERSEY 08057

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
SCOTT MAGEE

Telephone Number
609-820-9422

Telephone Number
845-369-7500

License Number
1101

EXPECTED START DATE (10): (RESTART)
2 / 26 /26

Sched. Completion Date (11)
5 / 26 /26

Name of OSHA Monitor
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

Demolition

>3SF OR LF

>160 SF OR 260 LF

Full Containment

Mini-Encl.

Glovebag Procedure

Non-Friable Procedure

WRAP & CUT

Renovation

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

Name of Registered Waste Hauler
NEWARK CARTING INC.
369 RAYMON BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
30

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
02/13/26-03/28/26

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
2-12-26

2026

1202795

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

RECEIVED

Date of Notification (1)
2 / 12 /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
BRIAN O'NEILL

Telephone Number
848-275-1901

Agencies Notified

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

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #1
<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

ASBESTOS CONTROL & LICENSING

FEB 17 2026

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
1140 ROUTE 72

Square Feet
310,000

of Floors
4

Bldg. Age
83

City (5)
STAFFORD TOWNSHIP

County (6)
OCEAN

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

ASCM No.
99

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
64 BROAD STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
MATAWAN, NEW JERSEY

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
THOMAS GEIGER

Telephone Number
908-715-2600

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
2 / 16 /2026

Sched. Completion Date (11)
6 / /30 /2026

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

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

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
5

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
2/16/26-06/30/2026

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature


Date
2-12-26

2008

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

3643 141
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Date of Notification (1)
2 / 12 /2026

Name of Building Owner/Operator (2)
ATLANTIC HEALTH SYSTEM HOSPITAL GROUP

Street Address
475 SOUTH STREET

City, State, Zip Code
MORRISTOWN, NEW JERSEY 07960

Name of Contact
VICTOR PENA

Telephone Number
917-596-2158

Agencies Notified

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

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #1
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

Telephone Number
917-596-2158

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
OVERLOOK HOSPITAL

Type of Facility (4)

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

Street Address
99 BEAUVOIR AVENUE

City (5)
SUMMIT

County (6)
UNION

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)
HILLMAN CONSULTING

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
Mike Rivera

Telephone Number
908-632-5450

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
2 / 2 /26

Sched. Completion Date (11)
2 / 12 /26

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:

Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address
1379 US HIGHWAY 9

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

Scope of Work (Check all that apply)

Demolition

>3SF OR LF

>160 SF OR 260 LF

Renovation

Full Containment

Mini Enclosure, Tent

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
8TH FLOOR IN PATIENT UNIT			X	FLOORING / MASTIC	1,175 SF	X			
7TH FLOOR MER			X	PIPE INSULATION	30 LF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
20

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State
NEWARK, NEW JERSEY

Disposal Date
1/22/26-02/22/26

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
VICE PRESIDENT, OPERATIONS

Signature

Date
2-12-26

Page 1 of 6
10067



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Amended Notification New Completion Date & Additional Material

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Check 10396 FEB 17 2026

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 342 W 9th St City, State, Zip Code Ship Bottom NJ 08008					
			Name of Contact Jeff Debastos Telephone Number 609-618-4100					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Demolition Former Ship Bottom Elm School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 201 W 20th Street		Square Feet 1000+	# of Floors 1 Bldg. Age 35+					
City (5) Ship Bottom NJ 08008		Current Use (Prior if being demolished) School						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Pernaco Inc.						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc		Street Address PO Box 329						
Street Address PO Box 316		City, State, Zip Code West Berlin NJ 08091						
City, State, Zip Code Thorofare NJ 08086		Telephone No. 856-753-9800	License No. 00727					
Project Manager for Monitoring Firm Steven Flanagan		Telephone No. 856-848-0800						
Start Date (10) 12/17/25	Scheduled Completion Date (11) 2/28/26 2/28/26	Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <u>Boiler Room</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>Fire Door</u>	Amount (Specify SF or LF) <u>325F</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
1951 & 1962 Sections			x	Roofing Material	33,000 SF	x		
Throughout 1951 & 1962 Sections			x	Door Caulk	200 LF	x		
PE Office 32			x	Pipe Fittings	25 LF	x		
MRP Right Side Storage Closet			x	Transite Panels	400 SF	x		
Name of Registered Waste Hauler Mazza Recycling		NJDEP Waste Hauler ID No. 36891	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills				
City, State Tinton Falls NJ 07753		Disposal Date TBD	City, State Morrisville PA 10067					
Completed by Anthony T Perna		Title President	Signature 			Date 12/4/25		

ASBESTOS CONTROL & LICENSING

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

Page 2 of 6

Amended Notification New Completion Date & Additional Material

Print Form

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

Check 10396

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 342 W 9th St City, State, Zip Code Ship Bottom NJ 08008							
	Name of Contact Jeff Debastos		Telephone Number 609-618-4100							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demolition Former Ship Bottom Elm School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 201 W 20th Street		Square Feet 1000+	# of Floors 1							
City (5) Ship Bottom NJ 08008		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 316		Street Address PO Box 329								
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Steven Flanagan		Telephone No. 856-848-0800	Telephone No. 856-753-9800							
		License No. 00727								
Start Date (10) 12/17/25	Scheduled Completion Date (11) XXXX 2/28/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <u>Room 18 Kilo</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Throughout 1951 & 1962 Sections			x	Floor Tile & Mastic	25,000 SF	x				
Kitchen			x	Exhaust Hood Insulation	25LF	x				
Room 18			x	Transite Panels	16 LF	x				
Throughout 1951 & 1962 Sections			x	Exterior Louver Caulk	105 LF	x				
Name of Registered Waste Hauler Mazza Recycling		NJDEP Waste Hauler ID No. 36891	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills						
City, State Tinton Falls NJ 07753		Disposal Date TBD		City, State Morrisville PA 10067						
Completed by Anthony T Perna		Title President	Signature 				Date 12/4/25			

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

Page 2 of 6

Amended Notification New Completion Date & Additional Material

Print Form

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

Check10396

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>x 2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 342 W 9th St								
		City, State, Zip Code Ship Bottom NJ 08008								
		Name of Contact Jeff Debastos	Telephone Number 609-618-4100							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Demolition Former Ship Bottom Elm School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 201 W 20th Street		Square Feet 1000+	# of Floors 1							
City (5) Ship Bottom NJ 08008		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 316		Street Address PO Box 329								
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Steven Flanagin		Telephone No. 856-848-0800	Telephone No. 856-753-9800							
Start Date (10) 12/17/25		Scheduled Completion Date (11) 2/28/26 2/28/26	License No. 00727							
Name of OSHA Monitor Same										
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Throughout 1951 & 1962 Sections			x	Glue Dots	240 SF	x				
1951 & 1962 Sections Attic Space			x	Transite Panels above	4000 SF	x				
Name of Registered Waste Hauler Mazza Recycling		NJDEP Waste Hauler ID No. 36891	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills						
City, State Tinton Falls NJ 07753		Disposal Date TBD		City, State Morrisville PA 10067						
Completed by Anthony T Perna		Title President	Signature <i>Anthony Perna</i>			Date 12/4/25				

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

New Check 10407

For This Notification

Date of Notification (1) 2/9/26		Name of Building Owner/Operator (2) Fortuna Park LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 342 W 9th St							
			City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Jeff Debastos	Telephone Number 609-618-4100							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Demolition Former Ship Bottom School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 201 W 20th Street		Square Feet 1000+	# of Floors 1							
City (5) Ship Bottom NJ 08008		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 316		Street Address PO Box 329								
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Steven Flannagin		Telephone No. 856-848-0800	Telephone No. 856-753-9800							
		License No. 00727								
Start Date (10) 12/17/26	Scheduled Completion Date (11) 2/28/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Glue Dots Front Office Ceiling			X	Glue Dot	400 SF	X				
C Hall Area outside Gymnasium			X	Debris Pile	350 SF	X				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills						
City, State Elm, NJ		Disposal Date TBD		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 2/9/26			

4139

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

4139
RECEIVED

238505L

Date of Notification (1) 02/13/26		Name of Building Owner/Operator (2) Levco Associates LLC.	
Agencies Notified	Type Notification	Street Address One Wayne Hills Mall	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Wayne, NJ 07470	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact David I. Steiger	Telephone Number 973-696-4400

FEB 19 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) K-Mart Store		Type of Facility (4)	
Street Address 1020 Hamburg Tpk.		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Wayne		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Square Feet 85,000	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Lesco Services Inc.	
Street Address		Street Address 156 Maple Ave.	
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 862-221-9092	License No. 01107
Start Date (10) 02/23/26	Scheduled Completion Date (11) 04/26/26	Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Wallington, NJ 07057	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			*	roofing material	27,000 sf.	*			
roof			*	roof flashing	1280 lf.	*			

Name of Registered Waste Hauler Century Waste Services LLC.	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 300 Cy.	Name of Registered Landfill GCSL
City, State Elizabeth, NJ	Disposal Date 04/28/26	City, State Pen Argyl, PA	
Completed by Leslaw Nalodka	Title President	Signature <i>h</i> <i>nr</i>	Date 02/13/26

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State of New Jersey

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

FEB 19 2026

Date of Notification (1) 02/13/2026		Name of Building Owner/Operator (2) Divine Energy Solutions							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancelation	Street Address 200 Richards Avenue							
		City, State, Zip Code Dover NJ, 07801							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 193 Wallington Avenue		Square Foot 1,900	# of Floors 2						
City (5) Wallington		Size Area 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 14 Willow Street							
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331						
Start Date (10) 02/16/2026		Scheduled Completion Date (11) 02/16/2026	Name of OSHA Monitor Envirovision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space		X		Thermal System Insulation	25 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill				
City, State Bloomfield, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Blazhe Grozdanov		Title Project Manager		Signature 			Date 02/13/2026		

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ON HOLD

Print Form

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

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Check 3496

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) RC Andersen	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 695 Route 46 - Suite 205	
		City, State, Zip Code Fairfield, NJ 07004	
		Name of Contact Christine Bunner, RC Andersen	Telephone Number (973) 227-8100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial - Marcolin		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3140 Route 22W		Square Feet TBD	# of Floors 1
City (5) Branchburg, NJ 08876		Bldg. Age 1975	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Group, LLC		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address PO Box 483		Street Address 75 Voorhis Place		
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Ringwood NJ 07456		
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-583-8500	Telephone No. 201- 466-0166	License No. 02126

Start Date (10) 02/02/2026	Scheduled Completion Date (11) 03/02/2026	Name of OSHA Monitor
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

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

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

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 03/02/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez	Title Owner	Signature <i>Lubica Perez</i>		Date 01/20/2026	

VEL Construction LLC

3140 Route 22W Branchburg NJ - Marcolin - PHASE 1

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Men's bathroom	No	pipe fittings	8	Repair
Ladies` bathroom	No	pipe fittings	6	Repair
NW office area	No	pipe fittings	2	Repair
NW Conference Room	No	floor tile & mastic	315 SF	Removal
IT Large Server Room	No	floor tile & mastic	1,100 SF	Removal

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ON HOLD

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

Check 3498
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Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) Gary Ruth	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 388 South Livingston Avenue	
		City, State, Zip Code Livingston, NJ 07039	
		Name of Contact Gary Ruth	Telephone Number (917) 459-2175

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Aquinas Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 388 South Livingston Avenue		Square Feet TBD	# of Floors 1
City (5) Livingston, NJ 07039		Bldg. Age TBD	
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) 02/02/2026	Scheduled Completion Date (11) 02/27/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 02/27/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>	Date 01/22/2026	

VEL Construction LLC

388 South Livingston Avenue, Livingston, NJ - Aquinas Academy

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Room 206 (2 layers of tile)	No	floor tile	830 SF	Removal
Rooms 207, 208, 209, 210	No	floor tile	4,200 SF	Removal
Hall West Wing	No	floor tile	900 SF	Removal
Office	No	floor tile	880 SF	Removal
Multi-Purpose Room	No	floor tile	2,700 SF	Removal
East Wing Rooms 202, 202, 203, 204	No	floor tile	3,220 SF	Removal
Hall East Wing	No	floor tile	840 SF	Removal

4345134

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

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OK

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/13/2026		Name of Building Owner/Operator (2) Tom Krutis Excavating Inc								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4200 Tremley Point Rd							
			City, State, Zip Code Linden, NJ 07036							
		Name of Contact Tom Krutis	Telephone Number (908) 925-6967							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Industrial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 4200 Tremley Point Rd		Square Feet TBD	# of Floors 1							
City (5) Linden, NJ 07036		Bldg. Age TBD								
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place								
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456								
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126							
Start Date (10) 02/16/2026	Scheduled Completion Date (11) 02/23/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior		x		exterior tape/tar wrap from pipes	100 LF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 02/23/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>				Date 02/13/2026			

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

4345027

Check 3525
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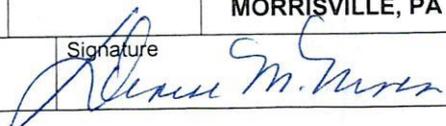
Print Form

Date of Notification (1) 02/13/2026		Name of Building Owner/Operator (2) <div style="text-align: right; color: red; font-weight: bold;">FEB 20 2026</div>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 18 Milosh St		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Clifton, NJ 07011						
			Name of Contact Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 18 Milosh St									
City (5) Clifton, NJ 07011		Square Feet 1,700	# of Floors 2	Bldg. Age 1922					
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) 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) 02/16/2026		Scheduled Completion Date (11) 02/23/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement back bedroom		x		tile & mastic	90 SF	x			
Basement back hall & 2 closets		x		tile & mastic	90 SF	x			
Basement right center room		x		ceramic tile & 9x9 tile	80 SF	x			
Front Wood shop		x		tile & mastic	130 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 02/23/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 02/13/2026			

1570

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

4349635
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Date of Notification (1) <u>02</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) THE STATE OF NEW JERSEY (D.P.M.C.)		APR 20 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 WEST STATE STREET ASBESTOS CONTROL & LICENSING		City, State, Zip Code TRENTON, NJ 08608					
		Name of Contact JOHN FORGIONE		Telephone Number (609) 571-0359					
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) WALT WHITMAN VISITOR CENTER		Street Address 326 MARTIN LUTHER KING BLVD.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
City (5) CAMDEN		Square Feet 1741	# of Floors 3	Bldg. Age 50+/-					
County (6) CAMDEN		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 344 WEST STATE STREET		Street Address 2251 FRALEY STREET							
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code PHILADELPHIA, PA 1917							
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. (609) 656-8101	Telephone No. (215) 533-5155	License No. 01166					
Start Date (10) <u>03</u> / <u>02</u> / <u>26</u>		Scheduled Completion Date (11) <u>03</u> / <u>27</u> / <u>26</u>		Name of OSHA Monitor USA ENVIRONMENTAL MANAGEMENT					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 344 WEST STATE STREET							
		City, State, Zip Code TRENTON, NJ 08618							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT					
City, State TRENTON, NJ		Disposal Date		City, State MORRISVILLE, PA					
Completed By (Print or Type) DENISE M. NIVEN		Title ADMIN. ASST.	Signature 		Date 2/13/20				

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE IDENTIFIED IN FACILITY	IN 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 332	N/A	MULTI-LAYER ASBESTOS CONTAINING RESILIENT FLOORING	565 SF	YES	NO	NO	NO
BUILDING 332	N/A	WINDOW GLAZING	540 LF	YES	NO	NO	NO
BUILDING 332	N/A	GREY PAPER DUCT INSULATION	3 SF	YES	NO	NO	NO
BUILDING 326	N/A	ROOFING MATERIALS	855 SF	YES	NO	NO	NO

1179

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

CR# 1179 4349637

Date of Notification (1) 02 / 18 / 26		Name of Building Owner / Operator (2) OE 190 RIVER ROAD, LLC		RECEIVED FEB 20 2026	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
Street Address 570 COMMERCE BLVD.		City, State, Zip Code CARLSTADT, 07072		Name of Contact CHRISTOPHER SQUEO	
Telephone Number 201.487.5657		ASBESTOS CONTROL & LICENSING			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 190 RIVER ROAD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 190 RIVER ROAD					
City (5) SUMMIT	County (6) UNION	County Code (7)	Square Feet 180,000	# Of Floors 3	Building Age 80 +
			Current Use (Prior if being demolished) COMMERCIAL OFFICES		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		ASCM NO	Name of Abatement Contractor (9) Northstar Contracting Group, Inc.		
Street Address 655 West Shore Trail		Street Address 32 Williams Parkway			
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm JP von DOEHREN		Telephone Number 973-729-5649			
Scheduled Start Date (10) 03 / 02 / 26		Sched. Completion Date (11) 05 / 31 / 26		Telephone Number 973-772-3660	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30 PM MON-FRI			Name of OSHA Monitor Northstar Contracting Group, Inc.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Amount (Specify SF or LF)	
				Abatement Type	
				R E M O V A L R E P A I R E N C A P S U L E N C L O S U R	
		YES NO N/A			
1ST FLOOR		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		FLOOR MASTIC 20,000 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2ND FLOOR		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		FLOOR MASTIC 24,000 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3RD FLOOR		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		FLOOR MASTIC 36,000 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
THROUGHTOUT		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		FIRE DOORS 150 EA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534		Name of Registered Landfill FAIRLESS LANDFILL	
City, State EAST HANOVER, NJ 07936		Disposal Date		City, State MORRISVILLE, PA	
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER		Signature <i>Steven Stiles</i>	
				Date 02/18/26	

3516

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

454/219
RECEIVED
 Check 3516

FEB 20 2026

Date of Notification (1) 02/12/2026		Name of Building Owner/Operator (2) PAI								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 Oakland Rd				ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code Maplewood, NJ 07040								
		Name of Contact			Telephone Number					
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 120 Oakland Rd				Square Feet 1,733	# of Floors 2	Bldg. Age 1927				
City (5) Maplewood, NJ 07040		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) 02/24/2026		Scheduled Completion Date (11) 03/06/2026		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address						
				City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Living room		X		plaster walls & ceiling	798 SF	X				
Dining room		X		plaster walls & ceiling	528 SF	X				
Office		X		plaster walls & ceiling	368 SF	X				
Name of Registered Waste Hauler Century Waste Services			NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ					Disposal Date 03/06/2026	City, State Pen Argyl, PA				
Completed by Lubica Perez			Title Owner		Signature <i>Lubica Perez</i>		Date 02/12/2026			

3524

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

4346014
RECEIVED
 Check 3524
 FEB 20 2026

Date of Notification (1) 02/12/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 344 Ackerman Ave					
		City, State, Zip Code Mountainside, NJ 07092		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 344 Ackerman Ave			Square Feet 1,847	# of Floors 1	Bldg. Age 1955				
City (5) Mountainside, NJ 07092		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC					
		ASCM No.		Street Address 75 Voorhis Place					
Street Address		City, State, Zip Code Ringwood NJ 07456		Telephone No. 201- 466-0166					
City, State, Zip Code		Telephone No.		License No. 02126					
Project Manager for Monitoring Firm		Scheduled Completion Date (11) 03/02/2026		Name of OSHA Monitor					
Start Date (10) 02/23/2026				Street Address					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor		X		floor tile & mastic	280 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 03/02/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 02/12/2026		

3515

4349600

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

Check 3515
RECEIVED

Date of Notification (1) 02/12/2026		Name of Building Owner/Operator (2) <i>[Redacted]</i>										
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 88 Portland Ave City, State, Zip Code Fanwood, NJ 07023 Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 88 Portland Ave			Square Feet 2,050	# of Floors 2	Bldg. Age 1940							
City (5) Fanwood, NJ 07023		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)								
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____								
Name of 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) 02/24/2026		Scheduled Completion Date (11) 03/03/2026		Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address _____ City, State, Zip Code _____									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
								Removal	Repair	Encapsulate	Enclosure	
Unfinished Basement		Yes	No	N/A	pipe insulation		60 LF		x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 03/03/2026		City, State Pen Argyl, PA								
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>				Date 02/12/2026				

3514

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

4346077

Print Form

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Check 3514

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/10/2026		Name of Building Owner/Operator (2) Erika L Reed							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 831 Parkway Ave							
		City, State, Zip Code Ewing Township, NJ 08618							
		Name of Contact Erika L Reed, Ewing Lexington, LLC		Telephone Number 603-801-6260					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 831 Parkway Ave			Square Feet 4,099	# of Floors 1	Bldg. Age 1940				
City (5) Ewing Township, NJ 08618		Current Use (Prior if being demolished)							
County (6) Mercer		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 02/19/2026		Scheduled Completion Date (11) 02/28/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Suite B15		X		floor tile	600 SF	X			
Suite 410 (sign store)		X		Transite siding	410 SF	X			
Sign Store		X		floor tile & mastic	730 SF	X			
Flat Roof Chimney		X		tar	20 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 Mercer County Landfill				
City, State Elizabeth, NJ				Disposal Date 02/28/2026	City, State Ewing Township, NJ 08638				
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>			Date 02/10/2026		

3512

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

41547000
RECEIVED
 Check 3512
 FEB 20 2026

Print Form

Date of Notification (1) 02/09/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1430 Chetwynd Ave								
		City, State, Zip Code Plainfield, NJ 07060								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1430 Chetwynd Ave		Square Feet 2,155	# of Floors 2							
City (5) Plainfield, NJ 07060		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. 201- 466-0166	License No. 02126							
Start Date (10) 02/18/2026	Scheduled Completion Date (11) 02/25/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		pipe insulation	100 LF	x				
Garage		x		pipe insulation	40 LF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ		Disposal Date 02/25/2026		City, State Pen Argyl, PA						
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>				Date 02/09/2026		

3517

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

4345765

Print Form

RECEIVED Check 3517

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/06/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 133 Summit Ave		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)					
Street Address 133 Summit Ave, Apt. 21				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Summit, NJ 07901				Square Feet 950		# of Floors 1	Bldg. Age 1924		
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) 02/06/2026		Scheduled Completion Date (11) 02/11/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen 2nd Floor Apartment		X		kitchen walls & ceiling	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 02/11/2026		City, State Pen Argyl, PA			
Completed by Lubica Perez			Title Owner		Signature Lubica Perez		Date 02/06/2026		

2897

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

4242101
RECEIVED

Proj. #: 26-28

FEB 24 2026

Date of Notification (1) 10/21/10 / 12/16/10		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 2 Seger Avenue		City, State, Zip Code Clifton, NJ 07011	
Name of Contact		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 Seger Avenue			Square Feet 1,800 SF		
City (5) Clifton, NJ 07011		County (6) Passaic		County Code (7) (State use only)	
			# of Floors 03		
			Bldg. Age 116		
			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 144 US Highway 46	
City, State, Zip Code				City, State, Zip Code Budd Lake, NJ 07828	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
				License Number 02007	
Start Date (10) 02/11/2026		Sched. Completion Date (11) 02/13/2026		Name of OSHA Monitor KLOMAX, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours				Street Address 144 US Highway 46	
				City, State, Zip Code Budd Lake, NJ 07828	

Scope of Work (check all that apply)

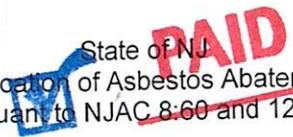
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked=""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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	e	m	o	v	e	R	e	p	a	i	r	E	n	c	a	p	E	n	c	l
	Yes	No	N/A																							
BASEMENT BOILER ROOM		<input checked="" type="checkbox"/>		Boiler Insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 1/2 CYD.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828		Disposal Date TBD		City, State TULLYTOWN, PA			
Completed by (Print or Type) Gordana Stojanovska		Title Secretary		Signature		Date 02/10/2026	

2009

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26 and 12:120)



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FEB 24 2026

Proj. #: 26-29

Date of Notification (1) 02/11/2016		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 46 Crooks Road	
		City, State, Zip Code Denville, NJ 07834	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 6 Glendale Road			Square Feet 5,000 SF	# of Floors 03	Bldg. Age 97
City (5) Summit, NJ 07901	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 144 US Highway 46		
City, State, Zip Code			City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 02/19/2026	Sched. Completion Date (11) 02/23/2026		Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours			Street Address 144 US Highway 46		
			City, State, Zip Code Budd Lake, NJ 07828		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		Pipe Insulation	113 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA		
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature 	Date 02/10/2026	

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

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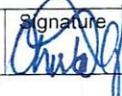
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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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FEB 24 2026

Date of Notification (1) 02/13/2026		Name of Building Owner/Operator (2) New Jersey Division of Property Management & Construction								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 West State Street, 3rd Floor								
		City, State, Zip Code Trenton, NJ 08625-0038								
		Name of Contact Georgette Bunch	Telephone Number 609-633-2127							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Former Taxation Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 50 Barrack Street		Square Feet 10,000	# of Floors 10							
City (5) Trenton		Bldg. Age 100								
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Taxation Building								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 344 W. State Street		Street Address 623 Cutler Avenue								
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm John Duggan		Telephone No. 609-656-8101	Telephone No. 856-755-0099							
Start Date (10) 02/16/2026		Scheduled Completion Date (11) 02/27/2026	License No. 00842							
Name of OSHA Monitor EMSL Analytical, Inc.										
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work performed on vacant areas of building</u>		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
4th Floor		X		Floor Tile & Mastic	4,216 SF	X				
5th Floor Perimeter		X		Floor Tile & Mastic	348 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 31	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ		Disposal Date 02/27/2026		City, State Morrisville, PA						
Completed by Christina Fay		Title VP of Operations	Signature 	Date 02/13/2026						

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

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/11/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 46 Jefferson Ave	
		City, State, Zip Code Hasbrouck Heights NJ 07604	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 46 Jefferson Ave		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Hasbrouck Heights NJ 07604		Current Use (Prior if being demolished) Private Dwelling		
County (6) Bergen	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) Iris Lab		ASCM No.	Name of Abatement Contractor (9) Teal Management	
Street Address 2333 US-22		Street Address 24 Morley Drive		
City, State, Zip Code Union NJ 07083		City, State, Zip Code WoodlandParkNJ07424		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 862-243-1471	License No. 02063
Start Date (10) 2/21/2026	Scheduled Completion Date (11) 2/25/2026	Name of OSHA Monitor Teal Management		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 24 Morley Drive		
		City, State, Zip Code Woodland Park NJ 07424		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	550 SF	X			

Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 10 CY	Name of Registered Landfill Fairless Hills Landfill	
City, State Woodland Park NJ 07424			Disposal Date 2/25/2026	City, State Morrisville PA	
Completed by Tome Maslarkov		Title Project Manager	Signature 		Date 2/11/2026

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

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FEB 24 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/13/2026		Name of Building Owner/Operator (2) Jersey City Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 346 Claremont Avenue							
		City, State, Zip Code Jersey City, NJ 07305							
		Name of Contact Dr. Norma Fernandez	Telephone Number 201-915-6000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PS-5 Dr. Michael Conti Public School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 182 Merseles Street		Square Feet 100,000	# of Floors 5						
City (5) Jersey City		Bldg. Age 75							
County (6) Hudson	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) 02/13/2026	Scheduled Completion Date (11) 02/17/2026	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Teacher's Lounge (1st Floor)		X		Floor Tile & Mastic	250 SF	X			
Teacher's Lounge (2nd Floor)		X		Floor Tile & Mastic	250 SF	X			
Teacher's Lounge (3rd Floor)		X		Floor Tile & Mastic	16 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 02/17/2026		City, State Morrisville, PA					
Completed by Samantha Brown		Title Operations Coordinator	Signature 			Date 02/13/2026			

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

FEB 20 2026

Date of Notification (1) 02 / 12 / 26		Name of Building Owner/Operator (2) Department of Veterans Affairs, VA Medical Center Lyons							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 151 Knollcroft Road							
		City, State, Zip Code Lyons, NJ 07939							
		Name of Contact Wilbert Ortiz Jusino	Telephone Number (908) 346-2733						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VA Medical Center Lyons Buildings 2, 10, 11		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 151 Knollcroft Road		Square Feet 40,000SF EA	# of Floors 3 EA Bldg						
City (5) Lyons		Bldg. Age 80 EA Bldg							
County (6) Somerset	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) VA Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. 0095	Name of Abatement Contractor (9) SAI Environmental Services, LLC						
Street Address 5434 King Ave, Suite 101		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	Telephone No. (973) 852-3444						
		License No. 01349							
Start Date (10) 02 / 17 / 26	Scheduled Completion Date (11) 03 / 16 / 26	Name of OSHA Monitor Egan Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM / ____PM-____AM		Street Address 812 Ocean Road							
		City, State, Zip Code Spring Lake Heights, NJ 07762							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 2 (Room 26)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 10 (Basement Crawlspace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/ACM Debris	50LF/2000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 11 (Basement Crawlspace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/ACM Debris	50LF/2000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler RED Technologies LLC		NJDEP Waste Hauler ID No. 0050296	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill					
City, State Portland, CT		Disposal Date TBD		City, State Waynesburgh, OH					
Completed By (Print or Type) Mary Petrovski		Title President		Signature 				Date 02/12/2026	

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

FEB 20 2026

Date of Notification (1) 2/16/2026		Name of Building Owner/Operator (2) Bridgewater Raritan Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 836 Newans Ln	
		City, State, Zip Code BRIDGEWATER NJ 08807-0030	
		Name of Contact Slobodan Spirkoski	Telephone Number 201-421-8675

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bridgewater Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 128 Merriwood Drive		Square Feet N/A	# of Floors N/A
City (5) Bridgewater NJ 08807		Bldg. Age N/A	
County (6) Somerset	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) Teal Management	
Street Address 3 Crosswicks Street		Street Address 24 Morley Drive	
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Michael Hoodak	Telephone No. (609) 298-5520	Telephone No. 862-243-1471	License No. 02063

Start Date (10) 3/02/2026	Scheduled Completion Date (11) 8/25/2026	Name of OSHA Monitor Teal Management
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 24 Morley Drive
	City, State, Zip Code Woodland Park NJ 07424

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boys & Girls Locker rooms			x	pipe insulation/fittings	140 LF	x			
Boys & Girls Team Room			x	pipe insulation/fittings	142 LF	x			
Archery Storage			x	elbow	20 units	x			

Name of Registered Waste Hauler Teal Management	NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 20CY	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park NJ 07424		Disposal Date 8/25/2026	City, State Morrisville PA

Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 2/16/2026
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2598

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

4345490
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Proj. #: 26-32

FFR 24 2026

Date of Notification (1) 10 12 1 13 1 12 16		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1116 Applegate Avenue	
		City, State, Zip Code Elizabeth, NJ 07202	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1116 Applegate Avenue			Square Feet 2,400 SF	# of Floors 03	Bldg. Age 101
City (5) Elizabeth, NJ 07202	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address		Street Address 144 US Highway 46			
City, State, Zip Code		City, State, Zip Code Budd Lake, NJ 07828			
Project Manager for Monitoring Firm	Phone Number		Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 02/16/2026	Sched. Completion Date (11) 02/18/2026		Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours		Street Address 144 US Highway 46			
		City, State, Zip Code Budd Lake, NJ 07828			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		Pipe Insulation	230 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature 	Date 02/13/2026

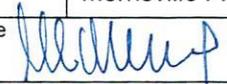
* Do not use this form for asbestos licensure exempted activities.

1019

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

41349773

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Date of Notification (1) 02/15/2026		Name of Building Owner/Operator (2) FEB 24 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 113 Center Ave		ASBESTOS CONTROL & LICENSING				
			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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 113 Center Ave			Square Feet	# of Floors	Bldg. Age				
City (5) Chatham		County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) MHM Restoration LLC						
Street Address			Street Address 164 Meriline Ave Apt C						
City, State, Zip Code			City, State, Zip Code Woodland Park NJ 07424						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-386-8433	License No. 02090					
Start Date (10) 02/24/2026		Scheduled Completion Date (11) 02/27/2026		Name of OSHA Monitor MHM Restoration LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 164 Meriline Ave Apt C						
			City, State, Zip Code Woodland Park NJ 07424						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A						Removal	Repair	Encapsulate
basement	Yes	No	N/A	pipe insulation	20LF	*			
Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless					
City, State Woodland Park NJ			Disposal Date TBD	City, State Morrisville PA					
Completed by Mike Hadzic		Title owner	Signature 		Date 02/15/2026				

4165

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:26 and 12:120)

25 W Erie Ave
RECEIVED

Date of Notification (1) 02/09/2026		Name of Building Owner/Operator (2) L.E.M. Construction LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 411 Delmore Ave	
		City, State, Zip Code South Plainfield NJ 07080	
		Name of Contact	Telephone Number 908-477-1926

Rutherford, NJ
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 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 411 Delmore Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) South Plainfield		Square Feet	# of Floors
County (6) Middlesex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) LEM CONSTRUCTION LLC
Street Address		Street Address 25 W ERIE AVE	
City, State, Zip Code		City, State, Zip Code RUTHERFORD NJ 07070	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-500-9896
Start Date (10) 02/19/2026		Scheduled Completion Date (11) 02/19/2026	License No. 02004
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor	
Street Address		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler LEM Construction LLC		NJDEP Waste Hauler ID No. 02004	Cubic Yards of Waste TBD	Name of Registered Landfill TBD	
City, State TBD		Disposal Date TBD		City, State TBD	
Completed by Michael Urbizagsstegui		Title Owner	Signature 		Date 02/09/2026

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

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FEB 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2) United States Postal Service		FEB 26 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 W. Scott Street								
		City, State, Zip Code Riverside, NJ 08075										
		Name of Contact Terry Carroll		Telephone Number 856-783-0770								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Riverside Main Post Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 4 W. Scott Street												
City (5) Riverside		Square Feet 50,000	# of Floors 4	Bldg. Age 80								
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Post Office									
Name of Monitoring Firm Hired by Building Owner (8) Mid-Atlantic Environmental Consultants, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC									
Street Address 5320 N. Pioneer Road		Street Address 623 Cutler Avenue										
City, State, Zip Code Gibsonia, PA 15044		City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for Monitoring Firm Nazeer Elahee		Telephone No. 724-713-1216	Telephone No. 856-755-0099	License No. 00842								
Start Date (10) 02/19/2026		Scheduled Completion Date (11) 02/20/2026		Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abatement performed in vacant area of building</u>			Street Address 200 Route 130 North									
			City, State, Zip Code Cinnaminson, NJ 08077									
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A							Removal	Repair	Encapsulate	Enclosure
Boiler Room		X			Pipe Insulation		10 LF		X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill							
City, State Freehold, NJ		Disposal Date 02/20/2026		City, State Morrisville, PA								
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 02/18/2026						

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

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Date of Notification (1) 2/10/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 35 Washington Ave	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Leonardo, New Jersey 07737	
		Name of Contact	Telephone Number

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 35 Washington Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Leonardo	Square Feet 1,626 SF	# of Floors 2	Bldg. Age Built in 1928
County (6) Monmouth County	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) True Star Contracting
Street Address		Street Address 54 Hedden Terrace	
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031	
Project Manager for Monitoring Firm		Telephone No. (201) 790-4530	License No. 02047
Start Date (10) 2/20/2026	Scheduled Completion Date (11) 2/23/2026	Name of OSHA Monitor True Star Contracting	
Occupancy Status During Abatement (Check Only One)		Street Address 54 Hedden Terrace	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code North Arlington, New Jersey 07031	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				Thermal Systems Insulation	104 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 Chrin Brothers Landfill
City, State North Arlington, New Jersey		Disposal Date TBD	City, State Easton, PA
Completed by Nestor M. Alvez	Title Project Manager	Signature <i>Nestor</i>	Date 2/10/2026

10923

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

4344800

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Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2) Bridgeton Housing Authority		FEB 26 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 E. Commerce Street		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Bridgeton, NJ 08302							
		Name of Contact Elba Vera		Telephone Number 609-451-4454					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maplewood Gardens			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 136 S. East Avenue			Square Feet 2,000	# of Floors 2	Bldg. Age 70				
City (5) Bridgeton		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) 02/27/2026		Scheduled Completion Date (11) 03/02/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		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 Fairless Landfill					
City, State Freehold, NJ		Disposal Date 03/02/2026		City, State Morrisville, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 02/18/2026			

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Print Form

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

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FEB 26 2026

Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2) The Catholic Diocese of Trenton										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 701 Lawrenceville Road										
		City, State, Zip Code Trenton, NJ 08648										
		Name of Contact Brian Malloy	Telephone Number 609-882-7900 x 147									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Notre Dame High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 601 Lawrence Road		Square Feet 48,000	# of Floors 2									
City (5) Lawrenceville		Bldg. Age 70										
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School										
Name of Monitoring Firm Hired by Building Owner (8) 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) 02/20/2026	Scheduled Completion Date (11) 02/23/2026	Name of OSHA Monitor EMSL Analytical, Inc.										
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North										
		City, State, Zip Code Cinnaminson, NJ 08077										
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition										
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure					
Athletic Director's Office		X		Ceiling Plaster	15 SF	X						
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill								
City, State Maple Shade, NJ		Disposal Date 02/23/2026		City, State Morrisville, PA								
Completed by Samantha Brown		Title Operations Coordinator		Signature 				Date 02/18/2026				

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

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Date of Notification (1) <u>2</u> / <u>9</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Streety		FEB 17 2020					
		City, State, Zip Code Pittsburgh, PA 15212		ASBESTOS CONTROL & LICENSING					
Name of Contact Brian Kingsbury (Owners Rep)			Telephone Number 201-388-0620						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Point Pleasant Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1032 Ocean Road			Square Feet +50000						
City (5) Point Pleasant			# of Floors 3	Bldg. Age +60					
County (6) Ocean		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Building						
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 344 West State Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121					
Start Date (10) <u>1</u> / <u>27</u> / <u>26</u>		Scheduled Completion Date (11) <u>2</u> / <u>7</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5</u> AM- <u>1</u> PM <u>1</u> AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
AC Room 22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Freehold NJ		Disposal Date TBD	City, State Morgantown, PA						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>		Date 2/9/26				

ASB-41
JAN 13 DDA 5157

* 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)

Pg. 2

Date of Notification (1) <u>2</u> / <u>9</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Streety							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Brian Kingsbury (Owners Rep)		Telephone Number 201-388-0620					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Point Pleasant Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1032 Ocean Road			Square Feet +50000	# of Floors 3	Bldg. Age +60				
City (5) Point Pleasant		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Building					
County (6) Ocean									
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 344 West State Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121					
Start Date (10) <u>1</u> / <u>27</u> / <u>26</u>		Scheduled Completion Date (11) <u>2</u> / <u>7</u> / <u>26</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5</u> PM - <u>1</u> AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement South West Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	40 SFS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooftop	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment Curb Flashing	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morgantown, PA					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>		Date <u>2/9/20</u>				

ASB-41
JAN 13 DD25157

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4136

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

4328192

RECEIVED

Date of Notification (1) <u>09</u> / <u>12</u> / <u>25</u>		Name of Building Owner/Operator (2) Save Ellis Island check # 4136	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 202 US 206 Suite C	
		City, State, Zip Code Branchville, NJ 07826-4266	
		Name of Contact Barbara McCarrick	Telephone Number 973-383-1080

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ellis Island		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 Ellis Island		Square Feet 4,498	# of Floors 1
City (5) Jersey City		Bldg. Age 70	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Sky Env	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 140 Boulevard		Street Address 70 Stacy Haines Road Suite 4	
City, State, Zip Code Mountain Lakes, NJ		City, State, Zip Code Lumberton NJ 08048	
Project Manager for Monitoring Firm Leonid Shereshevsky	Telephone No. 973-769-6946	Telephone No. 609-702-0400	License No. 00862

Start Date (10) <u>09</u> / <u>22</u> / <u>25</u>	Scheduled Completion Date (11) <u>09</u> / <u>30</u> / <u>25</u>	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Staff House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wall plaster	160SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling	260SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services Corp	NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills
City, State Lumberton, NJ		Disposal Date 10/10/25	City, State Morrisville, PA
Completed By (Print or Type) Jennifer Burns	Title Office Assistant	Signature <i>Jennifer Burns</i>	Date 9/16/25

4138

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

4250554

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FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>07</u> / <u>28</u> / <u>25</u>		Name of Building Owner/Operator (2) Heath Village Job #: 2409-3300 Check#4138							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 430 Schooley's Mountain Road							
		City, State, Zip Code Hackettstown NJ 07840							
		Name of Contact Mary Ellen Bove	Telephone Number 908-684-5220						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Heath Village		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 430 Schooley's Mountain Road		Square Feet 38,095	# of Floors 3						
City (5) Hackettstown		Bldg. Age 144							
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Retirement Community							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 400 Street Road		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Bensalem PA 19020		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <u>08</u> / <u>06</u> / <u>25</u>	Scheduled Completion Date (11) <u>10</u> / <u>03</u> / <u>25</u>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM/___ PM-___ AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hall way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	900 SF Floor tile	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	810 SF of floor tile	810 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	370 SF of sheet flooring	370SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Lumberton NJ		Disposal Date 09/12/2025	City, State Morrisville PA						
Completed By (Print or Type) Jennifer Burns	Title Admin	Signature <i>Jennifer Burns</i>		Date 9/29/25					

4250554

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

4135

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Date of Notification (1) 07 / 28 / 25		Name of Building Owner/Operator (2) Heath Village		Job #: 2409-3300 Check # 4129 4135	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWDD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 430 Schooley's Mountain Road	
		City, State, Zip Code Hackettstown NJ 07840		Telephone Number 908-684-5220	

FEB 20 2025

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Heath Village			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 430 Schooley's Mountain Road			Square Feet 38,095		
City (5) Hackettstown			# of Floors 3	Bldg. Age 144	
County (6) Morris		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Retirement Community		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address 400 Street Road			Street Address 70 Stacy Haines Road Suite 4		
City, State, Zip Code Bensalem PA 19020			City, State, Zip Code Lumberton NJ 08048		
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	Telephone No. 609-702-0400		License No. 00862
Start Date (10) 08 / 06 / 25	Scheduled Completion Date (11) 09 / 30 / 25		Name of OSHA Monitor EMSL Analytical, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 U.S. Route 130 North		
			City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Enclosure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED - Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	900 SF Floor Tile	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	810 SF Floor Tile	810 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill	
City, State Lumberton NJ			Disposal Date 09/12/2025	City, State Morrisville PA	
Completed By (Print or Type) Joann Mullarkey		Title Admin	Signature <i>Joann Mullarkey</i>		Date 9-12-25

4613
 Approved by
 TOM VERUES 2/13/26

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

3470149
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FEB 20 2026

Date of Notification (1) 2 / 13 / 26		Name of Building Owner/Operator (2) State of New Jersey DPMC								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State St, 3rd Floor								
		City, State, Zip Code Trenton, NJ 08625								
		Name of Contact Mansky Charles	Telephone Number 609-658-8724							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) New Jersey Dept of Labor and Workforce Dev. Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 1 John Finch Plaza		Square Feet	# of Floors 50+							
City (5) Trenton		Bldg. Age								
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 344 West State St		Street Address 1123 BEAVER STREET								
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-656-8101	License No. 02121							
Start Date (10) 2 / 16 / 26		Scheduled Completion Date (11) 2 / 16 / 26								
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.										
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM / ____PM-____AM		Street Address 1123 BEAVER STREET								
		City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
5th Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Bristol Environmental		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Bristol, PA 19007		Disposal Date	City, State Morrisville, PA							
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>				Date 2/13/26			

ASB-41
 MAY 11 BSA260014

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075630597

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

885234

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Date of Notification (1) FEBRUARY 5, 2026		Name of Building Owner/Operator (2) ST. JOSEPH'S HEALTH	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 703 MAIN STREET	
		City, State, Zip Code PATERSON NJ 07503	
		Name of Contact MILTON FERNANDEZ	Telephone Number 347-465-0630

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ST JOSEPH'S HOSPITAL- EMERGENCY DEPARTMENT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 703 MAIN STREET		Square Feet 183,000	# of Floors 5
City (5) PATERSON		Bldg. Age 1867	
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 2/23/2026	Scheduled Completion Date (11) 3/2/2026	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EMERGENCY ROOM AREA		X		PIPE ELBOWS	50 ELBOWS	X			

Name of Registered Waste Hauler WESTPHAL WASTE		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill FAIRLESS LANDFILL	
City, State RIDGEWOOD PARK NJ			Disposal Date	City, State MORRISVILLE PA	
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>	Date 2/5/2026	

0756300595

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

4332964
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PAID

FEB 20 2026

Date of Notification (1) 11/4/2025		Name of Building Owner/Operator (2) Our Lady of the Lake	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Park Ave	
		City, State, Zip Code Mt Arlington NJ	
		Name of Contact Annette Komes	Telephone Number 973-398-0240

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady of the Lake		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1 Park Ave		Square Feet 4,000	# of Floors 2	Bldg. Age 1938
City (5) Mt Arlington	County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) industrial	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr		
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871		
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334	
Start Date (10) 11/5/2025	Scheduled Completion Date (11) 11/10/2025	Name of OSHA Monitor Checkmark Industrial		

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 54 Morgan Dr
	City, State, Zip Code Sparta NJ 07871

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
furnance room, adjacent store room and dining hall		X		Pipe wrap Insulation	150 LF	X			

Name of Registered Waste Hauler Westphal Waste Services	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 4	Name of Registered Landfill Fairless
City, State Ridgewood NJ	Disposal Date	City, State Morrisville PA	
Completed by Corey Stankovic	Title CEO	Signature <i>Corey Stankovic</i>	Date 11/4/2025

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

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RECEIVED
CK 8872

FEB 19 2026

Date of Notification (1) 2/13/26 Type Notification		Name of Building Owner / Operator (2) ANG Terminal Ave LLC			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency Notification Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 55 Mayfield Ave			
		City, State & Zip Code Edison, NJ 08837			
		Name of Contact Jason Plewa		Telephone Number 732-207-7325	
		ASBESTOS CONTROL & LICENSING			
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) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 133 Terminal Ave			Square Feet 10,000	# of Floors 1	
City (5) Clark			County (6) Union	County Code (7)	
Current Use (Prior if being demolished) Commercial			Bldg. Age 70+		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address P.O. Box 7620			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 2/14/26	Scheduled Completion Date (11) 2/24/26		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				Other:	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Main Floor	N/A	Pipe insulation	145LF	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 2/24/26		City, State Fairless Hill, PA	
Completed By (Print or Type) Dominick Tringali	Title President	Signature <i>Dominick Tringali</i>		Date 2/13/26	

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

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FEB 24 2026

REGISTRATION CONTROL & LICENSING
 973-809-4828

Date of Notification (1) 02/17/2026		Check #4783		Name of Building Owner/Operator (2) Our Lady of Mercy	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended	2 Fremont Ave	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> DCA	<input type="checkbox"/> Amendment #	<input checked="" type="checkbox"/> Emergency (including justification)	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		Park Ridge NJ 07656	
Name of Contact				Telephone Number	
Fr. Vincent				973-809-4828	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady of Mercy School			Type of Facility (4)		
Street Address			<input checked="" type="checkbox"/> School (K-12)		
2 Fremont Ave			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Park Ridge NJ			Square Feet	# of Floors	Bldg. Age
County (6)			30,000+	1	50+
Bergen			Current Use (Prior if being demolished)		
County Code (7) (STATE USE ONLY)			School		

Name of Monitoring Firm Hired by Building Owner (8) N/a		ASCM No. N/a	Name of Abatement Contractor (9) EA Services		
Street Address		Street Address			
N/a		530 Church Street			
City, State, Zip Code		City, State, Zip Code			
N/a		Ridgefield NJ 07657			
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.	
N/a		N/a	201-295-1700	01074	

Start Date (10) 02/18/2026	Scheduled Completion Date (11) 02/20/2026	Name of OSHA Monitor			
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Occupancy Status During Abatement (Check Only One)		Street Address			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code				
<input checked="" type="checkbox"/> Other - Describe: 8am					

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Corridor		X		Popcorn Ceiling	6 SF	X			
1st Floor Bathroom		X		PIPE INSULATION	8 LF	X			

Name of Registered Waste Hauler EA Services Corporaton		NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Entreprise	
City, State Ridgefield NJ 07657		Disposal Date tbd		City, State Waynesburg, OH	
Completed by Michael Fajardo		Title Project Manager	Signature 	Date 02/17/2026	

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

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FEB 20 2026

CONTROL & LICENSING

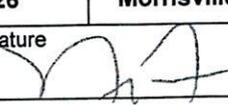
Date of Notification (1) 2-17-2026		Name of Building Owner/Operator (2) Hillside Uhaul								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 231-263 Long Avenue								
		City, State, Zip Code Hillside, NJ 07205								
Name of Contact Sam Alrefai			Telephone Number 908-477-5708							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Industrial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 231-263 Long Avenue			Square Feet 4802	# of Floors 2	Bldg. Age 65+					
City (5) Hillside, NJ 07205		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Green Environmental Services						
Street Address		ASCM No.		Street Address 235 Virginia Avenue						
City, State, Zip Code		Telephone No.		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) 2-18-2026		Scheduled Completion Date (11) 2-20-2026		Name of OSHA Monitor Green Environmental Services						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 235 Virginia Avenue							
			City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure						
				<input type="checkbox"/> Glovebag Procedure						
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Roof		X		Roofing Material	1500 SF	X				
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ				Disposal Date 2-20-2026	City, State Morrisville, PA					
Completed by Liliana Serrano			Title Office Assistant	Signature 			Date 2-17-2026			

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

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Date of Notification (1) 02 / 13 / 26		Name of Building Owner/Operator (2) Potts Excavating, Inc.								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 316 Main Street								
		City, State, Zip Code West Creek, NJ 08092								
		Name of Contact Kelly	Telephone Number 609-296-7300							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 1012 Central Avenue		Square Feet 1200	# of Floors 1							
City (5) Ship Bottom		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) 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) 02 / 26 / 26	Scheduled Completion Date (11) 03 / 02 / 26	Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton								
		City, State, Zip Code Piscataway, New Jersey 08854								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill						
City, State Toms River, New Jersey		Disposal Date 03/02/26	City, State Morrisville, Pennsylvania							
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/13/26							

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

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Date of Notification (1) <u>2</u> / <u>17</u> / <u>26</u>		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line		FEB 20 2026 Job # 2602-6539 Check#17771
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Cold Soil Rd.		
		City, State, Zip Code Princeton, NJ 08540		
		Name of Contact Kevin Schmidt		Telephone Number 610-755-8956

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Williams/Transco Dig #540		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 849 St. George Avenue		Square Feet	# of Floors
City (5) Woodbridge		Bldg. Age	
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Gas Pipe Line	

Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-265-2107	License No. 00529

Start Date (10) <u>2</u> / <u>26</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>26</u>	Name of OSHA Monitor IATL Analytical	
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 9000 Commerce Parkway Suite B	
		City, State, Zip Code Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior #540 Dig	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap- 20" Line	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill	
City, State Lumberton, NJ		Disposal Date 2/27/26		City, State Morrisville, PA 19067	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 2-17-26	

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

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Date of Notification (1) <u>2</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) PSEG / Job # 2602-6537		Check #17770
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road		
		City, State, Zip Code South Plainfield, NJ		
		Name of Contact Douglas McGarrity	Telephone Number 732-832-6771	

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Clay Street River Crossing		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 249 Passaic Avenue		Square Feet	# of Floors
City (5) Harrison		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation	

Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.
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Street Address 26 Columbia Turnpike	Street Address 30 Maple Ave. PO Box 25
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City, State, Zip Code Florham Park, NJ 07932	City, State, Zip Code Lumberton, NJ 08048
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Project Manager for Monitoring Firm Matt Sheldon	Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529
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Start Date (10) <u>2</u> / <u>18</u> / <u>25</u>	Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>26</u>	Name of OSHA Monitor IATL
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM - <u>3:30</u> PM	Street Address 9000 Commerce Pkwy. Suite B
	City, State, Zip Code Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite conduit on cable	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Veolia ES	NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
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City, State Flanders, NJ	Disposal Date 3/31/26	City, State Morrisville, PA
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Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 2-13-26
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0072 AK# 6072

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

4346681
RECEIVED

Date of Notification (1) 2/2/26		Name of Building Owner/Operator (2) Islamic Center of Central Jersey		FEB 12 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 628		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Monmouth Junction, New Jersey 08852						
			Name of Contact Billy		Telephone Number 908-879-0233				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Islamic Center of Central Jersey Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 35 Richard Road			Square Feet 1600	# of Floors 2	Bldg. Age 65+				
City (5) Monmouth Junction			Current Use (Prior if being demolished) residence						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) 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) 2/11/26		Scheduled Completion Date (11) 2/13/26		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	siding	1600 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 2/13/25	City, State Easton, PA				
Completed by Bree McGuire			Title Secretary Treasurer		Signature 		Date 2/2/26		

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

4346088

6071 CK# 6071

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

RECEIVED

Date of Notification (1) 2/2/26		Name of Building Owner/Operator (2) Islamic Center of Central Jersey								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 628								
		City, State, Zip Code Monmouth Junction, New Jersey 08852								
		Name of Contact Billy	Telephone Number 908-879-0233							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Islamic Center of Central Jersey Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 31 Richard Road		Square Feet 1200	# of Floors 1							
City (5) Monmouth Junction		Bldg. Age 65+								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc							
Street Address		Street Address 95 Montrose Road								
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722								
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029							
Start Date (10) 2/13/26	Scheduled Completion Date (11) 2/19/26	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
kitchen			x	linolium	140 sf	x				
2nd floor			x	joint compound	950 sf	x				
basement			x	transite ceiling	120 sf	x				
rear exterior			x	siding	300 sf	x				
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill Chris Fairless						
City, State Colts Neck, New Jersey		Disposal Date 2/19/25	City, State Easton, PA							
Completed by Bree McGuire		Title Secretary Treasurer	Signature 				Date 2/2/26			

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

52664

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

3936649

52664
RECEIVED

Date of Notification (1) <u>2</u> / <u>6</u> / <u>26</u>		Name of Building Owner/Operator (2) Our Lady of Lourdes		FEB 12 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1600 Haddon Avenue		ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code Camden NJ 08103		Telephone Number 856-757-3500	
		Name of Contact Tim Tate			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 1600 Haddon Avenue					
City (5) Camden NJ 08103			Square Feet 20000	# of Floors 11	Bldg. Age
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Health Facility	

Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contractors		
Street Address 2501 Seaport Drive Suite BH 110		Street Address 98 Lacrue Avenue			

City, State, Zip Code Chester PA 19013		City, State, Zip Code Glen Mills, PA 19342			
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Project Manager for Monitoring Firm Done Heim		Telephone No. 610-558-8902	Telephone No. 610-364-9622	License No.	
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Start Date (10) <u>2</u> / <u>20</u> / <u>26</u>		Scheduled Completion Date (11) <u>4</u> / <u>30</u> / <u>26</u>		Name of OSHA Monitor Vertex	
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u> </u> PM/ <u>5</u> PM- <u> </u> AM			Street Address 2501 Seaport Drive		
			City, State, Zip Code Chester PA 19013		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Room 15 Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Room 15 Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 274-276	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile / Mastic	1350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 261-263	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile / Mastic	1350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler TriState Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Republic Conestoga	
City, State 8950 State Road Philadelphia, PA 19136		Disposal Date 4/10/26		City, State Morgantown, PA 19543	

Completed By (Print or Type) Vincent Primavera	Title Project Manager	Signature 	Date 2/4/26
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* 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)

4346686

Date of Notification (1) January 28, 2026		Name of Building Owner/Operator (2) RESURGENT BUILDERS LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 24 ADELPHI STREET		City, State, Zip Code BROOKLYN NY 11205								
Name of Contact VETTA RIDGEWAY		Telephone Number 301-213-3995								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) FORMER FIRE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 219 IRVINE TURNER BLVD.		City (5) NEWARK								
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Square Feet 10,000							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	# of Floors 2							
Street Address		Bldg. Age 1950								
City, State, Zip Code		Current Use (Prior if being demolished) COMMERCIAL								
Project Manager for Monitoring Firm		Telephone No.	Name of Abatement Contractor (9) Checkmark Industrial							
Start Date (10) 2/10/2026		Scheduled Completion Date (11) 02/17/2026	Street Address 54 Morgan Dr							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Sparta NJ 07871								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
ROOF AND GROUND		X		ROOF SHINGLES	2,000 SF	X				
Name of Registered Waste Hauler WESTPHAL WASTE SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS						
City, State RIDGEWOOD PARK NJ		Disposal Date		City, State MORRISVILLE PA						
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>				Date 1/28/2026			

RECEIVED

FEB 12 2026

ASBESTOS CONTROL & LICENSING

1510

4346370

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

RECEIVED

Date of Notification (1) 02/05/2026		Name of Building Owner/Operator (2) Legow Management		FEB 12 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 160 S Livingston Ave City, State, Zip Code Livingston NJ 07039								
		Name of Contact John Boehn		Telephone Number 973-992-8200								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 220 W Jersey St,			Square Feet N/A	# of Floors N/A	Bldg. Age N/A							
City (5) Elizabeth NJ 07208		County (6) Union		County Code (7) (STATE USE ONLY) _____								
		Current Use (Prior if being demolished) retail										
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC									
Street Address		Street Address 329 Parish Dr										
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470										
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 02097								
Start Date (10) 02/16/2026	Scheduled Completion Date (11) 02/23/2026		Name of OSHA Monitor D&S Abatement Company LLC									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied			Street Address 329 Parish Dr City, State, Zip Code Wayne, NJ 07470									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
15th floor			X		VAT		1600 SF		X			
first floor									X			
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309		Cubic Yards of Waste TBD		Name of Registered Landfill TRRF						
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA								
Completed by Dejan Antic Dopsaj		Title President		Signature <i>Dejan Antic Dopsaj</i>				Date 02/05/2026				

4063

4/17/20

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

RECEIVED

Date of Notification (1) 2/5/2026		Name of Building Owner/Operator (2) SEPF NJ Cranbury 19 LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1099 18th Street, Suite 2900								
		City, State, Zip Code Denver, CO 80202								
		Name of Contact Davis Meyer								
		Telephone Number 720-795-7381								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 19 Commerce Court		Square Feet	# of Floors							
City (5) Cranbury		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) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC							
Street Address PO Box 354		Street Address 27 Outwater Lane								
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Garfield, NJ 07026								
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-394-2666	Telephone No. 973-928-4888							
		License No. 1188								
Start Date (10) 2/16/2026	Scheduled Completion Date (11) 3/31/2026	Name of OSHA Monitor A. Seine Lighthouse Solutions								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354								
		City, State, Zip Code South Orange, NJ 07079								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior			X	Mastic	30,588 SF	X				
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA						
Completed by Jacqueline Anello		Title Office Administrator		Signature <i>Jacqueline Anello</i>			Date 2/5/2026			

4614

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

PAID

Check # 4614
RECEIVED

Date of Notification (1) <u>2</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street	
	City, State, Zip Code Pittsburgh, PA 15212		Telephone Number 267-634-1010
	Name of Contact Peter Lesniak (Owners Rep)		

FEB 24 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1609 Pacific Avenue		Square Feet 88,000	# of Floors 7
City (5) Atlantic City		Bldg. Age +75	
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	

Name of Monitoring Firm Hired by Building Owner (8) USA EMI	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 344 West State Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Richard Reynolds	Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121

Start Date (10) <u>3</u> / <u>2</u> / <u>26</u>	Scheduled Completion Date (11) <u>3</u> / <u>11</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5PM-1AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	4 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Debris	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room & Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill ACUA Landfill
City, State Bristol PA	Disposal Date TBD	City, State Atlantic County NJ	

Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 2/19/26
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12618

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

RECEIVED

FEB 20 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) February 13, 2026		Name of Building Owner/Operator (2) Lawrenceville Shopping Associates LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 112 West 34th Street - Suite 2106						
		City, State, Zip Code New York, NY 10120						
		Name of Contact Jack J. Jemal	Telephone Number 212-629-4592					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Burlington Store		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2495 Route 1		Square Feet 50,000	# of Floors 2					
City (5) Lawrenceville		Bldg. Age 50+						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail						
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 3 Terri Lane		Street Address 303 B National Road						
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341						
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 484-872-8884					
Start Date (10) 2/17/26		Scheduled Completion Date (11) 3/31/26	License No. 01161					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: in segregated area		Name of OSHA Monitor EMSL						
		Street Address 200 Route 130 North						
		City, State, Zip Code Cinnaminson, NJ						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> < 3 sf or < 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Western portion - Phase I		X	Mastic	9,580 SF	X			
Mezzanine Office		X	Mastic	800 SF	X			
Western portion - Phase II		X	Mastic	10,000 SF	X			
Name of Registered Waste Hauler Waste Management of Trenton		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 2/13/26			

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

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Date of Notification (1) 2/16/2026		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 800 Billingsport Rd.	
		City, State, Zip Code Paulsboro NJ 08066	
		Name of Contact Ravi Jarecha	Telephone Number 732-567-8659

FEB 24 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 800 Billingsport Rd.		Square Feet	# of Floors
City (5) Paulsboro NJ 08066		Bldg. Age	
County (6) Gloucester County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) BrandSafway	
Street Address		Street Address 10 Industrial Hwy	
City, State, Zip Code		City, State, Zip Code Lester PA 19029	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-693-3752	License No. 01009

Start Date (10) 3-1-2026	Scheduled Completion Date (11) 3-30-2026	Name of OSHA Monitor Total Environmental Solutions
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Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Restricted Area Around Containment	Street Address 1005 Saint Georges Lane
	City, State, Zip Code Landenberg PA 19350

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Furf-2 Piping		x		4" 190# Steam	70 LF	x			

Name of Registered Waste Hauler Waste Master	NJDEP Waste Hauler ID No. 00234246	Cubic Yards of Waste <10	Name of Registered Landfill Gloucester County Soil Waste
City, State New Castle DE	Disposal Date	City, State Swedesboro NJ	
Completed by Michael Lucidi	Title Site Lead	Signature <i>Michael Lucidi</i>	Date 2/16/2026

4954

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

HMD 25-207

FEB 24 2026

Date of Notification (1) 2/18/2026		Name of Building Owner/Operator (2) Mediterranean Towers West Ck#4956						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 555 North Avenue City, State, Zip Code Fort Lee, New Jersey 07024					
	Name of Contact Javier Valenzuela		Telephone Number 201-370-2047					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Mediterranean Towers West/ Apt. 10C		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 555 North Avenue		Square Feet 120,000SF+	# of Floors 26					
City (5) Fort Lee, NJ		Bldg. Age 43						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Complex						
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC					
Street Address 464 Valley Brook Ave.		Street Address 16 Glenwild Ave						
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. (800) 423-0766	Telephone No. 973-928-3995					
License No. 01181		Name of OSHA Monitor Hazmat Diagnostic, LLC						
Start Date (10) 2/24/2026	Scheduled Completion Date (11) 2/25/2026		Street Address 16 Glenwild Ave					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Apartment will be un-occupied during entire period of abatement			City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Apt. 10 C-Bathrooms			Popcorn Ceiling	70 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC/ Century Waste		NJDEP Waste Hauler ID No. 0035440/32797	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill				
City, State Bloomingdale, NJ/ Elizabeth, NJ			Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>		Date 2/18/2026			

1818

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

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Date of Notification (1) 2/09/2026		Name of Building Owner/Operator Hackensack Public Schools School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 191 Second Street		City, State, Zip Code Hackensack	
Name of Contact Servet Kazazi		Telephone Number 201-646-0390	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Fanny Hillers Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings., homes, etc.)	
Street Address 56 Longview Ave		Sq. Feet: Approximately 205,000 SF # of Floors:2 Bldg. Age:79 years Current Use (prior if being demolished):	
City (5) Hackensack NJ	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner Westchester Environmental LLC		ASCM No.	
Name of Contractor (9) BL Contracting Inc.		Street Address 5 Marguerite Lane	
1248 Wrights Lane		City State, Zip Code Towaco NJ 07082	
West Chester PA 19380		Telephone Number 973-901-0153	License Number 01265
Project Manager for Monitoring Firm Philip Conteh	(610) 431-7545		
Scheduled Start Date (10) 3/27/2026	Scheduled Completion Date 4/02/2026		Name of OSHA Monitoring BL Contracting Inc
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday- Saturday 7 am- 4pm		Street Address 5 Marguerite Lane	
		City, State, Zip Code Towaco NJ 07082	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Wrap & Cut Procedure <input type="checkbox"/> Full Containment <input type="checkbox"/> Tent & Glove-bag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Boiler Room Tunnel Underneath Stairs	<input checked="" type="checkbox"/>	Asbestos Pipe Insulation	511 LF
Boiler Room Tunnel	<input checked="" type="checkbox"/>	Asbestos Debris	200 LF
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 10
		Disposal Date 4/15/2025	Name of Registered Landfill T.R.R..F Tully town, PA
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature <i>Nedo Vasilic</i>	Date 2/09/2026

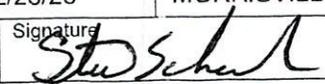
11941

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

Check
11941

Print Form

RECEIVED

Date of Notification (1) FEB 13, 2026		Name of Building Owner/Operator (2) BILL SEARCH								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 HOLMES MILL ROAD								
		City, State, Zip Code CREAM RIDGE, NJ 08514								
		Name of Contact BILL SEARCH	Telephone Number 609-647-2227							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) COW MILKING BARN (VACANT DEMO)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 10 HOLMES MILL ROAD		Square Feet 3680	# of Floors 1							
City (5) CREAM RIDGE, NJ 08514		Bldg. Age 80+-								
County (6) MONMOUTH	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) OLD BARN								
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES INC							
Street Address P.O. BOX 337		Street Address P.O. BOX 337								
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533								
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	License No. 00394							
Start Date (10) 2/23/26	Scheduled Completion Date (11) 2/27/26	Name of OSHA Monitor EPC TECHNOLOGIES INC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. BOX 337								
		City, State, Zip Code NEW EGYPT, NJ 08533								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
MAIN ROOF (EXTERIOR)			XXX	CEMENT ROOFING SHINGLES	4800 SF	XXXX				
Name of Registered Waste Hauler EPC TECHNOLOGIES INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 20	Name of Registered Landfill FAIRLESS LANDFILL						
City, State NEW EGYPT, NJ 08533		Disposal Date 2/23/26		City, State MORRISVILLE, PA						
Completed by STEVE SCHENKER		Title PRESIDENT	Signature 				Date 2/13/26			

4011

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

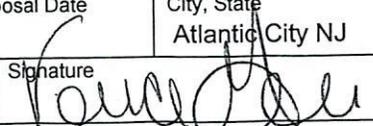
Date of Notification (1) 2/09/2026		Name of Building Owner/Operator (2) Hunterdon Medical Center		Check No. 4011 RECEIVED				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2100 Wescott Drive		FEB 17 2026			
			City, State, Zip Code Flemington, New Jersey 08822					
			Name of Contact Bob Williams		Telephone Number 201-445-7700			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hunterdon Medical Center			Type of Facility (4)					
Street Address 2100 Wescott Drive			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Flemington, New Jersey 08822			Square Feet 30000	# of Floors 4	Bldg. Age 50+			
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Health Center					
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 Boulevard					
City, State, Zip Code Bordentown, New Jersey 08505			City, State, Zip Code Totowa, New Jersey 07512					
Project Manager for Monitoring Firm Douglas Ferry		Telephone No 609-298-5520	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 2/20/2026	Scheduled Completion Date (11) 2/23/2026		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement Pharmacy Office		X	Elbows	10 each	X			
Basement Office		X	Vat & Mastic	504 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, New Jersey		Disposal Date February/2026		City, State 1963 Pen Argyl Rd, Pen Argyl, PA 18027				
Completed by Adriana Olejarova		Title President	Signature 		Date 2/09/2026			

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

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

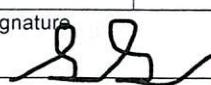
RECEIVED

Date of Notification (1) January 24, 2026		Name of Building Owner/Operator (2) ARX OPP Zone, LLC		FEB 19 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6401 Delilah Rd, Block 301, Lot 2		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Egg Harbor, NJ 08234							
		Name of Contact Kyle Hoehe		Telephone Number 848-333-2238					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Restaurant and Bar			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 6415 Delilah Road, Egg Harbor NJ 08234			Square Feet 10,000	# of Floors 2	Bldg. Age 50				
City (5) Egg Harbor		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private School					
County (6) Atlantic County		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC					
Street Address		ASCM No.		Street Address 958 Jackson Rd.					
City, State, Zip Code		Telephone No.		City, State, Zip Code Mays Landing, NJ 08330					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-547-5198	License No. 01158				
Start Date (10) 02/01/2026	Scheduled Completion Date (11) 03/15/2026		Name of OSHA Monitor Graham-Tech Environmental Service, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 958 Jackson Rd.						
			City, State, Zip Code Mays Landing, NJ 08330						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Store Area		X		red 12x12 Floor Tile	1,250SqFt	X		X	
Throughout Roof		X		Built up Roofing	7,600SqFt	X			
Store Area		X		Mastic	1,250SqFt	X		X	
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste 30	Name of Registered Landfill Atlantic City Land fill				
City, State Mays Landing, NJ 08330				Disposal Date	City, State Atlantic City NJ				
Completed by Vernice Graham			Title Spouse	Signature 		Date 01-23-26 4/12/2025			

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

304

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

Date of Notification (1) 2-13-2026		Name of Building Owner/Operator (2) Jeff Kessler		RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 460 Getty Ave. City, State, Zip Code Clifton, NJ 07011		FEB 19 2026				
			Name of Contact Jeff Kessler		ASBESTOS CONTROL & LICENSING (973) 632-1427				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial Facility			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 12 Main St.			Square Feet 42772	# of Floors 3	Bldg. Age 1942				
City (5) Belleville, NJ		County (6) Essex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. 114208	Name of Abatement Contractor (9) General Contracting Group						
Street Address W, 3322 US-22 Suite 907, Branchburg, NJ 08876			Street Address 54 Old Chimney Road						
City, State, Zip Code Bronx, NY 104			City, State, Zip Code Upper Saddle River, NJ 07458						
Project Manager for Monitoring Firm Kevin Seise		Telephone No. 2019237155	Telephone No. 551-308-5069	License No. 02086					
Start Date (10) 2/23/26	Scheduled Completion Date (11) 2/24/26		Name of OSHA Monitor General Contracting Group						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 54 Old Chimney Road City, State, Zip Code Upper Saddle River, NJ 07458						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>			Removal <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>	Enclosure <input type="checkbox"/>
3rd Floor		X		Mastic on plywood	900 SF	x			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central					
City, State 623 Dowd Ave Elizabeth, NJ			Disposal Date	City, State Pen Argyl Pa					
Completed by Seamus Schofield		Title President	Signature 		Date 1/13/26				

8878

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

REQ 18278

Date of Notification (1) 2/12/26 Type Notification		Name of Building Owner / Operator (2) ANG Terminal Ave LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency Notification	Street Address 55 Mayfield Ave	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code Edison, NJ 08837	
	<input type="checkbox"/> Amended Notification	Name of Contact Ankit Gupta	
	<input type="checkbox"/> Cancellation	Telephone Number 732-207-7325	

FEB 19 2026

ASBESTOS CONTROL & LICENSING

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) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 133 Terminal Ave			Square Feet 10,000	# of Floors 1	Bldg. Age 70+
City (5) Clark	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address P.O. Box 7620			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 2/25/26	Scheduled Completion Date (11) 3/2/26		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Renovation	Full Containment with Negative Pressure
Large Project		Mini-Enclosure
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other:

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)
Main Floor	N/A	Pipe insulation	2,400LF	Removal

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 40	Name of Registered Landfill Fairless Hills
City, State Freehold, NJ		Disposal Date 3/3/26	City, State Fairless Hill, PA	
Completed By (Print or Type) Dominick Tringali	Title President	Signature <i>Dominick Tringali</i>		Date 2/12/26

7361

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

RECEIVED

FEB 20 2026

Date of Notification (1) 02/10/2026		Name of Building Owner/Operator (2) VAMC EAST ORANGE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 385 TREMONT AVENUE
			City, State, Zip Code EAST ORANGE NEW JERSEY 07018
			Name of Contact BRENDAN YELLE

FACILITY INFORMATION

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

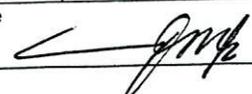
Name of Monitoring Firm Hired by Building Owner (8) TIGER ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) CPC ENVIRONMENTAL SERVICES CORP.	
Street Address 256A JEFFERSON COURT		Street Address 142 NORTH 13TH STREET		
City, State, Zip Code LAKEWOOD, NJ 08701		City, State, Zip Code NEWARK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

Start Date (10) 02/21/2026	Scheduled Completion Date (11) 02/28/2026	Name of OSHA Monitor TIGER ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 256 A JEFFERSON COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT ICRA 174B		X		PIPE INSULATION	30LF	X			
BASEMENT ICRA 155A		X		PIPE INSULATION	40 LF	X			
BASEMENT ICRA CORRIDOR 181		X		PIPE INSULATION	60	X			

Name of Registered Waste Hauler NEWARK CARTING INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GRAND CENTRAL SANITRY LANDFILL	
City, State P O BOX 5670 NEWARK NJ 07105		Disposal Date		City, State PEN ARGYL PA 18072	
Completed by CHIKA ONWUKAIFE		Title PRESIDENT	Signature 		Date 02/10/2026

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

7014

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:50 and 12:120)

RECEIVED

Date of Notification (1) 2-11-26		Name of Building Owner/Operator (2) Capital Health Regional Medical Center							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 750 BRUNSWICK AVE							
		City, State, Zip Code Trenton NJ 08638							
		Name of Contact Glen	Telephone Number 609 346 1257						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Capital Health		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 750 BRUNSWICK AVE		Square Feet 6000	# of Floors 4						
City (5) Trenton		Blkg. Age 2009/2							
County (6) Mercer		County Code (7) (STATE USE ONLY)	Current Use (Prior if have demolished) Medical						
Name of Monitoring Firm Hired by Building Owner (8) Management Environmental Services		ASC# No.	Name of Abatement Contractor (9) Anti Ice Abatement Contractors LLC						
Street Address PO Box 341		Street Address 1212 Burlington Ave							
City, State, Zip Code Chesterfield NJ 08515		City, State, Zip Code Asheboro NJ 27015							
Project Manager for Monitoring Firm Billy W		Telephone No. 609 915 1140	Telephone No. 617-346-5916						
License No. 01070		Name of OSHA Monitor							
Start Date (10) 2-15-26	Scheduled Completion Date (11) 3-30-26	Street Address							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 25 sf or ≥ 25 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Construction Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NA			Removal	Repair	Encapsulation	Enclosure
3 Floor				Celling/Walls	400 LF	✓			
2 Floor				Ceiling Walls Pipe	400 LF	✓			
1 Floor				Ceiling Wall Pl	400 LF	✓			
9 Floor Elect Rm				Ceiling Wall Plaster	160 LF	✓			
Name of Registered Waste Hauler Horizon Waste		NIDEP Waste Facility No.	Cubic Yards of Waste 700	Name of Registered Landfill Medcon					
State 1319 Calhoun St Trenton NJ		Disposal Date 1-30		City, State Trenton NJ					
Signed by [Signature]		Title Resident		Signature [Signature]		Date 2-11-26			

4799

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

Date of Notification (1) 02/18/2026		Check #4799		Name of Building Owner/Operator (2) St. Nicholas Church		RECEIVED							
Agencies Notified		Type Notification		Street Address 122 Ferry Street		FEB 26 2026							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Jersey City NJ 07307		Telephone Number 973-219-0214							
				Name of Contact Mike		ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) St. Nicholas Church - Basement				Type of Facility (4)									
Street Address 122 Ferry Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Jersey City NJ				Square Feet 30,000+		# of Floors 3	Bldg. Age 60+						
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church									
Name of Monitoring Firm Hired by Building Owner (8) N/a			ASCM No. N/a	Name of Abatement Contractor (9) EA Services									
Street Address N/a				Street Address 530 Church Street									
City, State, Zip Code N/a				City, State, Zip Code Ridgefield NJ 07657									
Project Manager for Monitoring Firm N/a			Telephone No. N/a	Telephone No. 201-295-1700		License No. 01074							
Start Date (10) 02/21/2026		Scheduled Completion Date (11) 02/22/2026		Name of OSHA Monitor Same as above									
Occupancy Status During Abatement (Check Only One)				Street Address									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am				City, State, Zip Code									
Scope of Work (Check All That Apply)													
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type					
								Removal	Repair	Encapsulate	Enclosure		
Basement		Yes	No	N/A	Pipe Insulation		6 LF		X				
Name of Registered Waste Hauler EA Services Corporaton			NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd		Name of Registered Landfill Minerva Entreprise							
City, State Ridgefield NJ 07657				Disposal Date tbd		City, State Waynesburg, OH							
Completed by Marisabel Toribio			Title Clerical		Signature <i>Marisabel Toribio</i>			Date 02/18/2026					

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

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

7801

PAID

RECEIVED

FEB 26 2026

ASBESTOS LICENSING
 908.233.0484

Date of Notification (1) 2/19/2026		Check #4801		Name of Building Owner/Operator (2) Holy Trinity School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 336 First Street					
				City, State, Zip Code Westfield, NJ					
				Name of Contact Michael Petrillo					
				Telephone Number 908.233.0484					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Trinity School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 336 First Street			Square Feet 70,000	# of Floors 2	Bldg. Age 50+				
City (5) Westfield		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
County (6) UNION		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
		Name of Abatement Contractor (9) EA Services Corporation		Street Address 530 Church Street-Suite 6					
Street Address		City, State, Zip Code Ridgefield, NJ 07657							
City, State, Zip Code		Telephone No. 201.295.1700		License No. 01074					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same as above					
Start Date (10) 2/20/2026		Scheduled Completion Date (11) 3/3/26							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 11:00 AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement storage closet		X		Pipe Insulation	6 LF	X			
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 107086		Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises				
City, State Ridgefield, NJ		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Marisabel Toribio		Title Clerical		Signature <i>Marisabel Toribio</i>		Date 2/19/26			

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

285

Date of Notification (1) 2/20/26		Name of Building Owner/Operator (2) Pierce Memorial Presbyterian		RECEIVED FEB 25 2026								
Agencies Notified		Type Notification		Street Address								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		4112 Allaire Rd								
				City, State, Zip Code Wall Township, NJ 07727								
		Name of Contact Mike Donato		Telephone Number 732-864-4033								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Church			Type of Facility (4)									
Street Address 4112 Allaire Rd			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Wall Township			Square Feet	# of Floors	Bldg. Age							
County (6) Monmouth County		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Asbestos									
Street Address		Street Address 2208B Hamilton Blvd										
City, State, Zip Code		City, State, Zip Code South Plainfield, NJ 07080										
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-289-7360	License No. 02010								
Start Date (10) 2/20/26		Scheduled Completion Date (11) 2/25/26		Name of OSHA Monitor Chris Weber								
Occupancy Status During Abatement (Check Only One)			Street Address 2208B Hamilton Blvd									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code South Plainfield, NJ 07080									
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A	VAT		1,200SF		x			
			x									
			x									
			x									
Name of Registered Waste Hauler AAA Asbestos			NJDEP Waste Hauler ID No. 113709		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Landfill					
City, State Newark, NJ					Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Frank Formisano			Title Owner		Signature			Date 2/20/26				

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

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

4346358

RECEIVED

Date of Notification (1) 02/09/2026		Name of Building Owner/Operator (2) FEB 17 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 43 E Ruby Ave,								
		City, State, Zip Code Palisades Park, NJ 07650								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 43 E Ruby Ave		Square Feet N/A	# of Floors N/A							
City (5) Palisades Park, NJ 07650		Bldg. Age N/A								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement Company LLC								
Street Address		Street Address 329 Parish Dr								
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 02097							
Start Date (10) 02/19/2026	Scheduled Completion Date (11) 02/12/2026	Name of OSHA Monitor D&S Abatement Company LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>		Street Address 329 Parish Dr								
		City, State, Zip Code Wayne, NJ 07470								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st and 2nd floor hallway		X		Plaster	500	X				
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF						
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Dejan Antic Dopsaj		Title President	Signature 				Date 02/11/2026			

Courtesy

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

3051784

Date of Notification (1) <u>10</u> / <u>27</u> / <u>25</u>		Name of Building Owner/Operator (2) Paco Housing Corporation I check # 4143		RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 192 Third Street		FEB 20 2025				
			City, State, Zip Code Jersey City, NJ 07302						
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 182 Third Street Apartment #98			Square Feet 880	# of Floors 1	Bldg. Age 51				
City (5) Jersey City		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
County (6) Hudson									
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 2333 Route 22		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Ricardo Eustaquio		Telephone No. 973-494-3762	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) <u>11</u> / <u>05</u> / <u>25</u>		Scheduled Completion Date (11) <u>11</u> / <u>17</u> / <u>25</u>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
All rooms except kitchen and bath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drywall ceiling w/popcorn finish	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All room except kitchen and bath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Batt insulation above ceiling	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All rooms except kitchen and bath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile, mastic, and underlayment	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills					
City, State Lumberton, NJ		Disposal Date 11/20/25	City, State Morrisville, PA						
Completed By (Print or Type) Jennifer Burns		Title Office Assistant	Signature <i>Jennifer Burns</i>		Date 11-12-25				

Note

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

4342627

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2) <i>data source</i> RECEIVED							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 102 1st Avenue		City, State, Zip Code Manasquan, NJ 08736					
		Name of Contact		Telephone Number ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 511 Summit Drive			Square Feet 1200	# of Floors 1	Bldg. Age 70				
City (5) Point Pleasant		County (6) Ocean		County Code (7)(STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) 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.		License No.					
Start Date (10) <u>02</u> / <u>16</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>23</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey		Disposal Date 02/23/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Ferricola		Title Project Manager		Signature <i>Nicholas Ferricola</i>		Date 2/10/26			

no ck

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

4342629

RECEIVED
due
due to snow
FEB 17 2026

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 898 Bellwood Drive	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
Street Address 20 Madison Avenue	

City (5) Toms River	Square Feet 2200	# of Floors 2	Bldg. Age 75
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County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence
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Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
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Street Address	Street Address 1889 Route 9, Unit 61
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City, State, Zip Code	City, State, Zip Code Toms River, New Jersey 08755
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Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
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Start Date (10) <u>02</u> / <u>12</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>20</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM	Street Address 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
TO BE ABATED										
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
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City, State Toms River, New Jersey	Disposal Date 02/20/26	City, State Morrisville, Pennsylvania
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Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/10/26
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Neck

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

4343080

RECEIVED
due to snow

FEB 17 2026

ASBESTOS

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2) Potts Excavating, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 316 Main Street	
		City, State, Zip Code West Creek, NJ 08092	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 4002 Ocean Blvd.		Square Feet 1400	# of Floors 1	Bldg. Age 80
City (5) Long Beach Twp.		Current Use (Prior if being demolished) Residence		
County (6) Ocean	County Code (7)(STATE USE ONLY)	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address 1889 Route 9, Unit 61		
Street Address		City, State, Zip Code Toms River, New Jersey 08755		
City, State, Zip Code		Telephone No. 732-349-9932	License No. 00624	
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor E.M.S.L. Analytical		
Start Date (10) <u>02</u> / <u>10</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>26</u> / <u>26</u>	Street Address 1056 Stelton		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		City, State, Zip Code Piscataway, New Jersey 08854		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 02/26/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/10/26

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

4342119

no ck

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2) Collinson Home Improvement	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 479 Euclid Avenue	
		City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact ASBESTOS.COM	Telephone Number 732-200-1000

REDOOR TO SNOW

FEB 17 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 70 Pearce Avenue		Square Feet 1100	# of Floors 1
City (5) Manasquan		Bldg. Age 75	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

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

Start Date (10) <u>02</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>26</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1100 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 02/26/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>[Signature]</i>		Date 2/10/26	

No ck

4342644

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

Date of Notification (1) <u>02</u> / <u>10</u> / <u>26</u>		Name of Building Owner/Operator (2) <i>PISCATAWAY</i>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1565 Route 9		City, State, Zip Code Toms River, NJ 08755					
		Name of Contact		Telephone Number					
		ASBESTO		CENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1393 Whitesville Road			Square Feet 1350	# of Floors 1	Bldg. Age 75				
City (5) Toms River		County (6) Ocean		County Code (7)(STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) 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					
Start Date (10) <u>02</u> / <u>16</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>25</u> / <u>26</u>		License No. 00624					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Name of OSHA Monitor E.M.S.L. Analytical						
Street Address 1056 Stelton			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1350 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill			
City, State Toms River, New Jersey		Disposal Date 02/25/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>[Signature]</i>		Date 2/10/26			

1512

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

Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2) RECEIVED								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1580 Lemoine Ave								
		City, State, Zip Code Fort Lee NJ, 07024								
		Name of Contact	Telephone Number _____ & LICENSING							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 570 Winterburn Grove		Square Feet N/A	# of Floors N/A							
City (5) Cliffside Park		Bldg. Age N/A								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC							
Street Address		Street Address 329 Parish Dr								
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 02097							
Start Date (10) 02/26/2026	Scheduled Completion Date (11) 03/10/2026	Name of OSHA Monitor D&S Abatement Company LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>		Street Address 329 Parish Dr								
		City, State, Zip Code Wayne, NJ 07470								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
2nd floor		x		Plaster	1800	x				
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF						
City, State Wayne NJ			Disposal Date TBD	City, State Tullytown, PA						
Completed by Dejan Antic Dopsaj		Title President	Signature 				Date 02/16/2026			

1239

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

Check# 1239

RECEIVED

Date of Notification (1) 02/18/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	20 Euclid Avenue	
		City, State, Zip Code	
		Maplewood, NJ 07040	
		Name of Contact	Telephone Number

FEB 24 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
20 Euclid Avenue		Square Feet	# of Floors
City (5) Maplewood, NJ 07040		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)	
Street Address		Gr Tech LLC		
City, State, Zip Code		Street Address		
		576 Valley Road#283		
		City, State, Zip Code		
		Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			973-356-3511	01127

Start Date (10) 02/28/2026	Scheduled Completion Date (11) 03/02/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		20-21 Wagaraw Road, Bldg.# 35 E	
		City, State, Zip Code	
		Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	160 LF	x			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Gr Tech LLC		0033785	TBD	T.R.R.F. Inc	
City, State		Disposal Date		City, State	
Wayne, NJ 07470		TBD		Tullytown, PA	
Completed by	Title	Signature		Date	
G.Ristanovic	Owner	Gradimir Ristanovic		02/18/2026	

264

RECEIVED

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

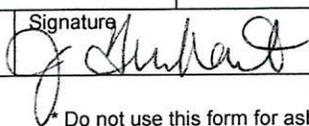
RECEIVED

Date of Notification (1) 02/11/2026		Name of Building Owner/Operator (2) FEB 17 2026								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 9 Carriage Way		City, State, Zip Code Cinnaminson, NJ 08077								
Name of Contact		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 9 Carriage Way		Square Feet 3,047	# of Floors 2							
City (5) Cinnaminson		Bldg. Age 59								
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) FINOG Environmental		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental							
Street Address 617 Stokes Road, Suite 4-318		Street Address 150 Glenwood Drive								
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Washington Crossing, PA 18977								
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 215-313-7427							
License No. 02081										
Start Date (10) 02/11/2026	Scheduled Completion Date (11) 02/14/2026	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			x	Vinyl Floor Tile	560 SF	x				
				& associated mastic						
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise						
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH						
Completed by Andre Gosek		Title Project Manager	Signature 				Date 02/11/2026			

11880

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

CK# 11880
 REC'D

Date of Notification (1) 2/12/2026		Name of Building Owner/Operator (2) FEB 19 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1739 Sharpless Rd.								
		City, State, Zip Code Meadowbrook, PA 215-805-3432 ASBESTOS CONTROL & LICENSING								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Vacant Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 5107 Winchester Ave.		Square Feet 3977	# of Floors 3							
City (5) Ventnor		Bldg. Age 100+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) American Demolition Corp.							
Street Address		Street Address 2 English Lane								
City, State, Zip Code		City, State, Zip Code Egg Harbor Twp., NJ 08234								
Project Manager for Monitoring Firm		Telephone No. 609-926-7373	License No. 02056							
Start Date (10) 2/21/2026	Scheduled Completion Date (11) 3/14/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior			X	asbestos shingles	3500 sf	X				
Name of Registered Waste Hauler American Demolition Corp		NJDEP Waste Hauler ID No. 16473	Cubic Yards of Waste	Name of Registered Landfill ACUA						
City, State Egg Harbor Twp., NJ		Disposal Date TBD		City, State Pleasantville						
Completed by Jannie Truehart		Title Project Manager	Signature 				Date 2/12/2026			

CKH6076

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

RECEIVED

PAID

FEB 17 2026

Date of Notification (1) 2/14/26		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 W. River Styx Road	
		City, State, Zip Code Hopatcong, New Jersey	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) 14 W. River Styx Road			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Hopatcong			Square Feet 2500	# of Floors 1	Bldg. Age 60+
County (6) Sussex		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) 2/23/26	Scheduled Completion Date (11) 3/3/26		Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm			Street Address		
			City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	siding	2000 sf	X			
den			X	floor tile with mastic	225 sf	X			
living and bedroom			X	floor tile	650 sf	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey		Disposal Date 3/3/26		City, State Easton, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature 		Date 2/14/26

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

Date of Notification (1)

Name of Building Owner/Operator (2)

1/30/26

RECEIVED

Agencies Notified	Type Notification
<input type="checkbox"/>]EPA	<input checked="" type="checkbox"/>]Initial Notification
<input type="checkbox"/>]DEP	<input type="checkbox"/>]Amended Notification
<input checked="" type="checkbox"/>]DOL	<input type="checkbox"/>]EMERGENCY
<input checked="" type="checkbox"/>]DOH	<input type="checkbox"/>]Cancellation
<input type="checkbox"/>]DCA	

Street Address
330 Hartford Rd

City, State, Zip Code
South Orange, NJ, 07079

Name of Contact _____ Telephone Number _____

FEB 17 2026

& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 330 Hartford Rd		<input type="checkbox"/>]School (K-12) <input type="checkbox"/>]Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/>]Other (i.e., private & commercial buildings, homes, etc.)	
City South Orange	County Essex	Square Feet	# of Floors
	County Code (7) (STATE USE ONLY)	Bldg. Age	
		Current Use (Prior if being demolished)	

Name of Monitoring Firm hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.
Street Address		Street Address 86 Christopher St.
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042

Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
	N/A	(973) 744-8800	00371

Scheduled Start Date (10) 02 13 26 Month Day Year	Sched. Completion Date (11) 02 14 26 Month Day Year	Name of OSHA Monitor N/A
--	--	------------------------------------

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

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	150 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Tri - State
City, State Montclair, NJ 07042	Disposal Date 02/15/25	City, State Bronx, NY, 10474	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>	Date 1/30/26
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330 Hartford Rd

50136

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

RECEIVED

Date of Notification (1) <u>02</u> / <u>16</u> / <u>26</u>		Name of Building Owner/Operator (2) 50136	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 133 Wabash Avenue	
		City, State, Zip Code Clifton, NJ 07011	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

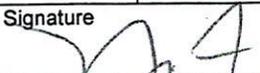
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1128 Skiff Way Drive		Square Feet 1700	# of Floors 1
City (5) Forked River		Bldg. Age 80	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>02</u> / <u>27</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>03</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	175 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 03/03/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 2/16/26	

4583

RECEIVED

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

FEB 20 2026

Date of Notification (1) 2-14-2026		Name of Building Owner/Operator (2) Jones Development Group							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 6051							
		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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 325 Grand Street		Square Feet 2500	# of Floors 4						
City (5) Hoboken, NJ 07030		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						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 2-24-2026	Scheduled Completion Date (11) 3-4-2026	Name of OSHA Monitor Green Environmental Services							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing Material	1585 SF	X			
Living room -Unit 3R & 3L		X		Vinyl Floor Tile	180 SF Each	X			
1st Floor Unit 1R		X		Stairs	360 SF	X			
Exterior				Transite	525 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill				
City, State Jersey City, NJ				Disposal Date 3-4-2026	City, State Morrisville, PA				
Completed by Liliana Serrano		Title Office Assistant		Signature <i>Liliana Serrano</i>			Date 2-14-2026		

ASBESTOS CONTROL & LICENSING

5831

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

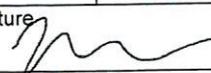
RECEIVED

Date of Notification (1) 05/19/2025		Name of Building Owner/Operator (2) FEB 20 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 RAINIER ROAD								
		City, State, Zip Code FANWOOD NEW JERSEY 07023								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 25 RAINIER ROAD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 25 RAINIER ROAD		Square Feet 5000	# of Floors 2							
City (5) FANWOOD NEW JERSEY 07023		Bldg. Age 1940+								
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ONE FAMILY HOUSE								
Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL LAB ENTERPRISES		ASCM No.	Name of Abatement Contractor (9) CPC ENVIRONMENTAL SERVICES CORP.							
Street Address 270 SWINTON AVENUE		Street Address 142 NORTH 13TH STREET								
City, State, Zip Code BRONX NY 10462		City, State, Zip Code NEWARK NJ 07107								
Project Manager for Monitoring Firm VICTOR ESCALONA		Telephone No. 9177314588	Telephone No. 9733902416							
		License No. 01335								
Start Date (10) 05/28/2025	Scheduled Completion Date (11) 05/30/2025	Name of OSHA Monitor COMMERCIAL LAB ENTERPRISES								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 270 SWINTON AVENUE								
		City, State, Zip Code BRONX NY 10462								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
BASEMENT OFFICE & SUB OFFICE		X		FLOOR TILES	193	X				
Name of Registered Waste Hauler NEWARK CARTING INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL						
City, State P O BOX 5670 NEWARK NJ 07105		Disposal Date		City, State PEN ARGYL PA 18072						
Completed by CHIKA ONWUKAIFE		Title PRESIDENT	Signature 			Date 05/19/2025				

2082

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

RECEIVED

Date of Notification (1) 2/15/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Mead St.								
		City, State, Zip Code Newark, NJ, 07106								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 33 Mead st		Square Feet unknown	# of Floors 2							
City (5) Newark		Bldg. Age unknown								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Gold Coast Management LLC							
Street Address		Street Address 30 Sherman Ave								
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307								
Project Manager for Monitoring Firm TBD		Telephone No. 908-270-8556	License No. 02109							
Start Date (10) 2/25/2026	Scheduled Completion Date (11) 2/26/2026	Name of OSHA Monitor John Kim								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 254 Ridgewood Ave								
		City, State, Zip Code Glen Ridge NJ 07028								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen			X	Drywall	300 SF	X				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central						
City, State Elizabeth, NJ		Disposal Date		City, State Pen Argyl						
Completed by John Kim		Title President		Signature 				Date 2/15/2026		

AIR QUALITY CONTROL & LICENSING

556

556



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

RECEIVED

Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 TULIP ST City, State, Zip Code CRANFORD TWP, NJ 07016
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 16 TULIP ST City (5) CRANFORD TWP		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) UNION	County Code (7) (STATE USE ONLY)	Square Feet 2679	# of Floors 2
		Bldg. Age 1953	
		Current Use (Prior if being demolished) NIA	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Abated	
Street Address		Street Address 111 Clark Place	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-372-8875	License No. 02019

Start Date (10) 02/26/2026	Scheduled Completion Date (11) 03/08/2026	Name of OSHA Monitor Ryan Passos	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 111 Clark Place	
		City, State, Zip Code Elizabeth NJ 07206	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			X	Asbestos VAT 9" x 9"	700 S.F	X			
1st Floor (3 bedrooms)			X	Asbestos VAT 9" x 9"	450 S.F	X			

Name of Registered Waste Hauler Abated	NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Hills (WM)
City, State Elizabeth, NJ	Disposal Date 03/08/2026	City, State Morrisville PA	
Completed by RYAN PASSOS	Title PRESIDENT	Signature 	Date 02/16/2026

1886

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

Checked #1886

Date of Notification (1) 2/11/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 839 Brookside Ave.	
		City, State, Zip Code Keyport, NJ 07735	
		Name of Contact	Telephone Number

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)	
Street Address 839 Brookside Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Keyport, NJ 07735		Square Feet 1,432	# of Floors 2
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)

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

Start Date (10) 2/22/2026	Scheduled Completion Date (11) 2/24/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.
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Occupancy Status During Abatement (Check Only One)	Street Address 2333 Route 22 West
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	City, State, Zip Code Union, NJ 07083

Scope of Work (Check All That Apply)

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

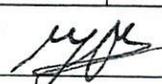
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 2/11/2026

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

0168

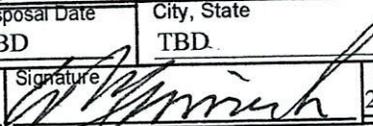
RECEIVED

Date of Notification: 02/10/26		Name of Building owner													
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification <input checked="" type="checkbox"/> Initial Amended # Emergency (including Justification) Extended	Street Address: 1 Juniper St													
		City, State, Zip Metuchen NJ 08840													
		Name of Contact:	PHONE.												
CONTROL & LICENSING															
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential													
Street Address 1 Juniper St		Square Feet 2000	# of Floors 02												
City Metuchen		Bldg. Age 45													
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)													
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC													
Street		Street Address: 269 Walker St. Apt 6													
City, State, Zip		City, State, Zip Code Fairview, NJ 07022													
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-641-5400	License No 02044												
Start Date 02/20/26	Scheduled completion Date 02/23/26	Name of OSHA firm Emsl Analytical inc													
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5													
Other		City, State, Zip Code Piscataway, NJ 08854													
Scope of Work (Check all apply)															
<input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure													
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition															
Location of	Is Location Normally	Description of	Abatement Type												
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)												
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Ye</td> <td>No</td> <td>N/A</td> </tr> <tr> <td>s</td> <td></td> <td></td> </tr> </table>			Ye	No	N/A	s			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Removal	Repair	Encapsulate	Enclosure	
Ye	No	N/A													
s															
Removal	Repair	Encapsulate	Enclosure												
Pipe insulation in basement	<input checked="" type="checkbox"/>	Thermal Systems Insulation	98 LF												
Name of registered Waste Hauler Tri- State Transfer	NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC												
City, State Bronx NY		Disposal Date 02/25/26	City, WAYNESBURG OHIO												
Completed by Gustavo Ordon	Title President	Signature 	02/11/26												

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

RECEIVED

417

Date of Notification (1) <u>2/10/2026</u>		Name of Building Owner/Operator (2) _____								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>121 W. 4th St</u>								
		City, State, Zip Code <u>Bayonne, NJ 07002</u>								
		Name of Contact _____	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <u>121 W. 44th St</u>		Square Feet <u>2700 SF</u>	# of Floors <u>4</u>							
City (s) <u>Bayonne, NJ 07002</u>		Bldg. Age <u>65</u>								
County (6) <u>Hudson</u>	County Code(7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>								
Name of Monitoring Firm hired by Building Owner (8) <u>Eru-Ken Consulting, LLC</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>AEi2, LLC</u>								
Street Address _____		Street Address <u>PO Box 499</u>								
City, State, Zip Code _____		City, State, Zip Code <u>Hammonton, NJ 08037</u>								
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>							
Start Date (10) <u>2/21/26</u>	Scheduled Completion Date (11) <u>02/23/26</u>	Name of OSHA Monitor <u>AEi2, LLC</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 499</u>								
		City, State, Zip Code <u>Hammonton, NJ 08037</u>								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure	
<u>Basement</u>			<u>X</u>	<u>Pipe</u>	<u>42 LF</u>	<u>X</u>				
Name of Registered Waste Hauler <u>TBD</u>		NJDEP Waste Hauler ID No. <u>TBD</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>TBD</u>						
City, State <u>TBD, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>						
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 				Date <u>2/09/26</u>			

ASBESTOS CONTROL & LICENSING

1891

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

RECEIVED # 1891

Date of Notification (1) 2/18/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1461 Brookside Dr.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact _____ Telephone Number _____	

FEB 25 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)		
Street Address 1461 Brookside Dr.		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Union, NJ 07083		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	Square Feet 1,800	# of Floors 2
County (6) Union		County Code (7) (STATE USE ONLY) _____		Bldg. Age 1939

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) 2/21/2026	Scheduled Completion Date (11) 2/24/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	50 LF	X			

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 2/18/2026

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

4185

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

4330480
 RECEIVED

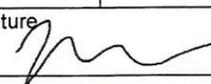
Date of Notification (1) 2 / 11 / 26		Name of Building Owner/Operator (2) PAID		FEB 17 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 47B Concord Lane City, State, Zip Code Monroe, NJ 08831					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 47B Concord Lane			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 47B Concord Lane			Square Feet	# of Floors 1	Bldg. Age 56				
City (5) Monroe			Current Use (Prior if being demolished) Home						
County (6) Middlesex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499	License No. 01196					
Start Date (10) 2 / 12 / 26		Scheduled Completion Date (11) 2 / 13 / 26		Name of OSHA Monitor AZ Solution Consulting					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Street Address 27 Susquehanna Ave City, State, Zip Code Rochelle Park, NJ 07662						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	30SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	30SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 2/14/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 		Date 2/11/26				

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

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

4341510

2081

Date of Notification (1) 2/17/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 13 Bowling Dr. City, State, Zip Code Livingston, NJ 07039 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 13 Bowling Dr				Square Feet unknown	# of Floors 2				
City (5) Livingston				Bldg. Age unknown					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____		Name of Abatement Contractor (9) Gold Coast Management LLC					
Street Address				Street Address 30 Sherman Ave					
City, State, Zip Code				City, State, Zip Code Jersey City, NJ 07307					
Project Manager for Monitoring Firm TBD		Telephone No. _____		Telephone No. 908-270-8556	License No. 02109				
Start Date (10) 2/27/2026		Scheduled Completion Date (11) 2/28/2026		Name of OSHA Monitor John Kim					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 254 Ridgewood Ave City, State, Zip Code Glen Ridge NJ 07028					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom			X	Drywall	24 SF	X			
Basement			X	VAT	300 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Elizabeth, NJ				Disposal Date	City, State Pen Argyl				
Completed by John Kim		Title President		Signature 		Date 2/17/2026			

RECEIVED

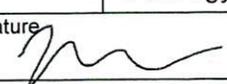
FEB 19 2026

ICENSING

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

4346034

2080

Date of Notification (1) 2/17/2026		PAID		Name of Building Owner/Operator (2)		RECEIVED						
Agencies Notified		Type Notification		Street Address		FEB 19 2026						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		230 Richards Rd								
				City, State, Zip Code Ridgewood NJ 07450								
				Name of Contact		Telephone Number						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Single Family Residence				Type of Facility (4)								
Street Address 33 Mead st				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Newark		Square Feet unknown		# of Floors 2		Bldg. Age unknown						
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) TBD			ASCM No.		Name of Abatement Contractor (9) Gold Coast Management LLC							
Street Address				Street Address 30 Sherman Ave								
City, State, Zip Code				City, State, Zip Code Jersey City, NJ 07307								
Project Manager for Monitoring Firm TBD			Telephone No.		Telephone No. 908-270-8556		License No. 02109					
Start Date (10) 2/20/2026		Scheduled Completion Date (11) 2/21/2026		Name of OSHA Monitor John Kim								
Occupancy Status During Abatement (Check Only One)				Street Address 254 Ridgewood Ave								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Glen Ridge NJ 07028								
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Basement				X	VAT		400 SF		X			
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central					
City, State Elizabeth, NJ			Disposal Date		City, State Pen Argyl							
Completed by John Kim			Title President		Signature 			Date 2/17/2026				

0133

4341366

PAID
State Of New Jersey

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

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FEB 20 2026

ASBESTOS CONTROL & LICENSING

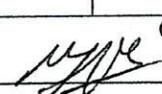
Date of Notification: 01/06/26		Name of Building owner Superior Homes Preservation					
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial	Street Address: 145 Stirling Ave					
	Amended #	City, State, Zip Code Orange NJ 07050					
	<input checked="" type="checkbox"/> Emergency (including Justification) Extended	Name of Contact:	PHONE.				
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12) <input checked="" type="checkbox"/> Residential					
Street Address 265 Hamilton Ave		Square Feet 2000	# of Floors 02				
City Paterson		Bldg. Age 45					
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC				
Street		Street Address: 269 Walker St. Apt 6					
City, State, Zip		City, State, Zip Code Fairview, NJ 07022					
Project Manager for Monitoring Fir	Telephone No.	Telephone No. 973-641-5400	License No 02044				
Start Date 01/07/26	Scheduled completion Data 01/10/26	Name of OSHA firm Emsl Analytical inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5					
Scope of Work (Check all apply) <input checked="" type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf		City, State, Zip Code Piscataway, NJ 08854					
Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/>		Full Containment with Negative Pressure Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure					
Location of	Is Location Normally	Description of	Abatement Type				
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)				
	Ye s		No	N/ A	Removal	Repair	Encapsulate
Siding singles transite	<input checked="" type="checkbox"/>	ACM	1,225 SF	<input checked="" type="checkbox"/>			
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 01/12/26	City, WAYNESBURG OHIO				
Completed by Gustavo Ordon	Title President	Signature 	01//06/26				

0158

4344529

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

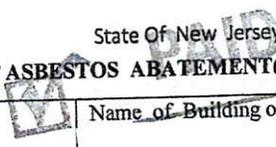
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Date of Notification: 01/30/26		Name of Building owner						
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended # <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 215 Park Ave						
		City, State, Zip East Orange NJ 07017						
		Name of Contact:	PHONE.					
ASBESTOS CONTROL & LICENSING								
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential						
Street Address 215 Park Ave		Square Feet 2000	# of Floors 02					
City East Orange		Bldg. Age 45						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC					
Street		Street Address: 269 Walker St. Apt 6						
City, State, Zip		City, State, Zip Code Fairview, NJ 07022						
Project Manager for Monitoring Fir	Telephone No.	Telephone No. 973-641-5400	License No 02044					
Start Date 01/30/26	Scheduled completion Data 02/02/26	Name of OSHA firm Emsl Analytical inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5						
		City, State, Zip Code Piscataway, NJ 08854						
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf <input checked="" type="checkbox"/> X Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure						
Location of	Is Location Normally			Description of	Amount (Specify SF or LF)	Abatement Type		
	Ye	No	N/A			Removal	Repair	Encapsulate
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)				Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)				
Basement pipe insulation		X		Thermal system insulation	92 LF	X		
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 02/09/26		City, WAYNESBURG OHIO				
Completed by Gustavo Ordon	Title President	Signature 		01/30/26				

0135

4341372

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



RECEIVED

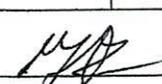
Date of Notification: 01/07/26		Name of Building owner		Street Address: 105 Line Road					
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH		Type Notification Initial Amended # <input checked="" type="checkbox"/> Emergency (including Justification) Extended		City, State, Zip Code Trenton, NJ 08690					
Name of Facility Where Abatement is Taking Place House		ASBESTOS CONTROL & LICENSING		PHONE.					
Street Address 105 Line Road		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential		Square Feet 2000					
City Trenton		# of Floors 02		Bldg. Age 45					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner		ASCM No.		Name of Abatement Contractor (9) CVK Contracting LLC					
Street		Street Address: 269 Walker St. Apt 6		City, State, Zip Code Fairview, NJ 07022					
City, State, Zip		Telephone No. 973-641-5400		License No 02044					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA firm Emsl Analytical inc					
Start Date 01/07/26		Scheduled completion Date 01/09/26		Street Address 1056 Stelton Rd STE 5					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Other		City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf <input checked="" type="checkbox"/> X Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure							
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Ye s	No	N/ A			Removal	Repair	Encapsulate	Enclosure
Floor tiles in kitchen		X		VAT	108 SF	X			
Ceiling drywall in kitchen				ACM	120 SF				
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD		Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 01/20/26		City, WAYNESBURG OHIO					
Completed by Gustavo Ordon		Title President		Signature 		01/07/26			

0144

4344531

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

RECEIVED

Date of Notification: 01/30/26		Name of Building owner						
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Address: 40 Godwin Ave		FEB 20 2026				
		City, State, Zip Elmwood park NJ 07407						
		Name of Contact:		PHONE:		ASBESTOS CONTROL & LICENSING		
Name of Facility Where Abatement is Taking Place House			Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential					
Street Address 40 Godwin ave			Square Feet 2000	# of Floors 02	Bldg. Age 45			
City Elmwood park		County Code (7) (STATE USE ONLY) bergen		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC					
Street		Street Address: 269 Walker St. Apt 6						
City, State, Zip		City, State, Zip Code Fairview, NJ 07022						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-641-5400	License No 02044				
Start Date 01/30/26	Scheduled completion Date 02/02/26		Name of OSHA firm Emsl Analytical inc					
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours			Street Address 1056 Stelton Rd STE 5					
Other			City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure					
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Ye s	No	N/ A			Removal	Repair	Encapsulate
Kitchen floor tile		X		VAT	150 SF	X		
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 02/09/26		City, WAYNESBURG OHIO				
Completed by Gustavo Ordon		Title President		Signature 		01/30/26		

50129

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

4346019

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RECEIVED
50129
FEB 17 2026

Date of Notification (1) <u>02</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) Shore Builders Group, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 287 W. 8th Street	
		City, State, Zip Code Ship Bottom, NJ 08008	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 35 Division Avenue		Square Feet 800	# of Floors 1	Bldg. Age 80
City (5) Surf City		Current Use (Prior if being demolished) Residence		
County (6) Ocean	County Code (7)(STATE USE ONLY)	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address 1889 Route 9, Unit 61		
Street Address		City, State, Zip Code Toms River, New Jersey 08755		
City, State, Zip Code		Telephone No. 732-349-9932	License No. 00624	
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor E.M.S.L. Analytical		
Start Date (10) <u>02</u> / <u>14</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>17</u> / <u>26</u>	Street Address 1056 Stelton		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		City, State, Zip Code Piscataway, New Jersey 08854		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 02/17/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/13/26

50131

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

4347361

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50131

FEB 17 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>02</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) Dwell Renovations, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Camelot Court	
		City, State, Zip Code Lanoka Harbor, NJ 08734	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 110 G Street		Square Feet 1100	# of Floors 1
City (5) Seaside Park		Bldg. Age 80	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>02</u> / <u>26</u> / <u>26</u>	Scheduled Completion Date (11) <u>03</u> / <u>02</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 03/02/26		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 2/13/26	

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

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

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Date of Notification (1) 2 / 9 / 26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 412 Sylvania Ave	
		City, State, Zip Code Avon By the Sea, NJ 07717	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 412 Sylvania Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Avon By The Sea		Square Feet 1730	# of Floors 2
County (6) Monmouth		Bldg. Age 102	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No. _____	
Name of Abatement Contractor (9) Brick Industries, Inc.		Street Address PO Box 915	
Street Address 27 Susquehanna Ave		City, State, Zip Code Brick, NJ 08723	
City, State, Zip Code Rochelle Park, NJ 07662		Telephone No. 7328997499	License No. 01196
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	
Start Date (10) 2 / 10 / 26	Scheduled Completion Date (11) 2 / 12 / 26	Name of OSHA Monitor AZ Solution Consulting	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room/dining room ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	435SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 2/13/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 2/9/26		

4183

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

4344520

Date of Notification (1) 2 / 3 / 26		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 298B Sharon Way	
		City, State, Zip Code Monroe, NJ 08831	
		Name of Contact	Telephone Number

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 298B Sharon Way		Square Feet 1374	# of Floors 2
City (5) Monroe		Bldg. Age 56	
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home	

Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.	
Street Address 27 Susquehanna Ave		Street Address PO Box 915		
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723		
Project Manager for Monitoring Firm Aleksander Zivanov	Telephone No. 347-612-1572	Telephone No. 7328997499	License No. 01196	
Start Date (10) 2 / 4 / 26	Scheduled Completion Date (11) 2 / 7 / 26	Name of OSHA Monitor AZ Solution Consulting		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile	1300SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	1300SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 2/8/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 		Date 2/3/26	

4186

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

4346005
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Date of Notification (1) 2 / 13 / 26		Name of Building Owner/Operator (2) James Baxevanis Demolition	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1044 NJ-33	
		City, State, Zip Code Howell, NJ 07731	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 111 Dewey Dr		Square Feet 864	# of Floors 1	Bldg. Age 73
City (5) Seaside Heights	County (6) Ocean	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) Brick Industries, Inc.	
Street Address		Street Address PO Box 915		
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 7328997499	License No. 01196

Start Date (10) 2 / 13 / 26	Scheduled Completion Date (11) 2 / 14 / 26	Name of OSHA Monitor AZ Solution Consulting		
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Susquehanna Ave		
		City, State, Zip Code Rochelle Park, NJ 07662		

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

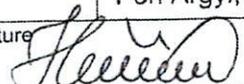
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siding	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 2/16/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 2/12/26		

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

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

4345351

Date of Notification (1) 02/09/2026		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended	513 Lee Avenue					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	<input checked="" type="checkbox"/> Emergency (including justification)		City, State, Zip Code					
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	<input type="checkbox"/>		North Brunswick, New Jersey, 08902					
<input type="checkbox"/> DCA				Name of Contact					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address 513 Lee Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) North Brunswick		Square Feet NA	# of Floors 1	Bldg. Age 50+					
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		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) 02/11/2026	Scheduled Completion Date (11) 02/15/2026		Name of OSHA Monitor ILV Contracting LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 16 Hillcrest Ave						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Clifton, New Jersey, 07013						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			NA	Drywall	800	X			
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfill					
City, State Clifton, New Jersey		Disposal Date		City, State Pen Argyl, PA					
Completed by Ivana Velkov		Title President	Signature 		Date 02/09/2026				

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ASBESTOS CONTAINING MATERIAL LICENSING

142

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

4345349

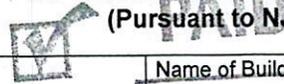
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Date of Notification (1) 02/10/2026		Name of Building Owner/Operator (2) _____							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 Clinton place							
		City, State, Zip Code Woodcliff Lake, New Jersey, 07677							
		Name of Contact _____	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 18 Clinton Place		Square Feet _____	# of Floors 2						
City (5) Woodcliff Lake		Bldg. Age NA							
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) 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) 02/12/2026	Scheduled Completion Date (11) 02/16/2026	Name of OSHA Monitor ILV Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 16 Hillcrest Ave							
		City, State, Zip Code Clifton, New Jersey, 07013							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			NA	Tiles and Mastic	500	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 113851	Cubic Yards of Waste _____	Name of Registered Landfill Grand Central Landfill					
City, State Clifton, NJ		Disposal Date _____	City, State Pen Argyl, PA						
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>		Date 02/10/2026				

4794

4346074

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



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Date of Notification (1) <u>02</u> / <u>09</u> / <u>26</u>		Name of Building-Owner/Operator (2) CHECK#4794	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2041 Lentz Avenue	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact	Telephone Number

FEB 12 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2041 Lentz Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2041 Lentz Avenue		Square Feet 2,500	# of Floors 2
City (5) Union		Bldg. Age 50+	
County (6) UNION	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) EA Services Corporation	
Street Address		Street Address 530 Church Street- Suite 6	
City, State, Zip Code		City, State, Zip Code Ridgefield, NJ 07657	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-295-1700	License No. 01074

Start Date (10) <u>02</u> / <u>19</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>22</u> / <u>25</u>	Name of OSHA Monitor Same as above
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> 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)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loose Floor Tile (no mastic)	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler EA Services Corporation	NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises
City, State Ridgefield, NJ		Disposal Date tbd	City, State Waynesburg, OH
Completed By (Print or Type) Marisabel Toribio	Title Clerical	Signature <i>Marisabel Toribio</i>	Date 2/9/26

2664

4329195
RECEIVED

Print Form

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

Date of Notification (1) 10/01/25		Name of Building Owner/Operator (2) FEB 12 2026	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 79 Lafayette rd	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sng Family		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 79 Lafayette rd		Square Feet 3506	# of Floors 2	Bldg. Age 75
City (5) Princeton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a	
Name of Monitoring Firm Hired by Building Owner (8) Iris Laboratories		ASCM No.	Name of Abatement Contractor (9) JCR Management Specialist LLC	
Street Address 2333 US 22 west		Street Address 306 Victor PI		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Neptune NJ 07753		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 9734943762	Telephone No. 7327591871	License No. 02087
Start Date (10) 10/15/25 10/16	Scheduled Completion Date (11) 10/15/25 10/19/25	Name of OSHA Monitor JCR Management Specialist LLC		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: unoccupied during abatement		Street Address 306 Victor PI		
		City, State, Zip Code Neptune NJ 07753		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement area			XX	VAT	150sf	XX			
Basement area Carpeted				VAT	300sf	XX			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 482653	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date 10/15/25		City, State Morrisville, Pa	
Completed by John Riley		Title President	Signature John Riley		Date 10/01/25

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

6756306598

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

4347352

RECEIVED

Date of Notification (1) FEBRUARY 6, 2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 330 REDWOOD AVE	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code PATERSON NJ 07522	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)	
Street Address 330 REDWOOD AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) PATERSON	Square Feet 1000	# of Floors 1	Bldg. Age 1940
County (6) PASSAIC	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. 973-570-2645	License No. 01334
Start Date (10) 2/27/2026	Scheduled Completion Date (11) 3/8/2026	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Sparta NJ 07871	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT	232 SF	X			

Name of Registered Waste Hauler WESTPHAL WASTE SERVICES		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill FAIRLESS	
City, State RIDGEWOOD PARK NJ		Disposal Date		City, State MORRISVILLE PA	
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 02/6/2026

1889



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

4346010

Check # 1889

Date of Notification (1) 2/12/2026		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address 10 Fernwood Rd.					
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	City, State, Zip Code Maplewood, NJ 07040					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> DOH	<input checked="" type="checkbox"/> Amendment #	<input checked="" type="checkbox"/> Emergency (including justification)	ASBESTOS CONTROL & LICENSING					
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			Name of Contact					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4)						
Street Address 10 Fernwood Rd.			<input type="checkbox"/> School (K-12)						
City (5) Maplewood, NJ 07040			<input type="checkbox"/> Subchapter 8 (Other than K-12)						
County (6) Essex			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County Code (7) Essex		County Code (7) (STATE USE ONLY)		Square Feet 2,206					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		# of Floors 2					
Street Address		Name of Abatement Contractor (9) DANVIC CONTRACTING LLC		Bldg. Age 1930					
City, State, Zip Code		Street Address 240 South 5th St.		Current Use (Prior if being demolished)					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Elizabeth, NJ 07206					
Start Date (10) 2/14/2026		Scheduled Completion Date (11) 2/17/2026		Telephone No. 908-906-4123					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories, Inc.		License No. 01355					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 2333 Route 22 West							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Union, NJ 07083							
<input checked="" type="checkbox"/> Other - Describe: OCCUPIED									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Area			X	Pipe Insulation	25 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste TBD		Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner		Signature <i>Jeymy Donneys</i>		Date 2/12/2026			

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

282

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

4346013

PRINT FORM

RECEIVED

Date of Notification (1) 2/13/26		Name of Building Owner/Operator (2)							
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	58 Raymond Ave		FEB 19 2026					
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code		Rutherford, NJ 07070					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact		ASBESTOS CONTROL & LICENSING					
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number							
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address 58 Raymond Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Rutherford			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Asbestos						
Street Address		Street Address 2208B Hamilton Blvd							
City, State, Zip Code		City, State, Zip Code South Plainfield, NJ 07080							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-289-7360	License No. 02010					
Start Date (10) 2/14/26		Scheduled Completion Date (11) 2/20/26		Name of OSHA Monitor Chris Weber					
Occupancy Status During Abatement (Check Only One)			Street Address 2208B Hamilton Blvd						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code South Plainfield, NJ 07080						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Dining Room		X		Plaster Removal	50SF	X			
		X							
		X							
		X							
Name of Registered Waste Hauler AAA Asbestos		NJDEP Waste Hauler ID No. 113709		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Frank Formisano		Title Owner		Signature		Date 2/13/26			

4798

434 1011

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

RECEIVED

Date of Notification (1) <u>02</u> / <u>11</u> / <u>26</u>		Name of Building Owner/Operator (2) CHECK#4798 FEB 20 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 623 Albin Street 26104/ ACM \$ _____							
		City, State, Zip Code Teaneck, NJ 07666							
		Name of Contact							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 623 Albin Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 623 Albin Street		Square Feet 2,500	# of Floors 2						
City (5) Teaneck		Bidg. Age 50+							
County (6) HUDSON		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. n/a	Name of Abatement Contractor (9) EA Services Corporation						
Street Address n/a		Street Address 530 Church Street- Suite 6							
City, State, Zip Code n/a		City, State, Zip Code Ridgefield, NJ 07657							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01074						
Start Date (10) <u>2</u> / <u>20</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>25</u> / <u>26</u>							
Name of OSHA Monitor Same as above		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>9</u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM							
Street Address		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises					
City, State Ridgefield, NJ		Disposal Date tbd		City, State Waynesburg, OH					
Completed By (Print or Type) Marisabel Toribio		Title Clerical		Signature <i>Marisabel Toribio</i>				Date 2/11/26	

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

1885

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

chk# 1885

Date of Notification (1) 2/9/2026		Name of Building Owner/Operator (2) RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 935 Ripley Ave.	
		City, State, Zip Code Westfield, NJ 07090	
		Name of Contact ASBESTOS CONTROL & LICENSING	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 935 Ripley Ave.			Square Feet 1,671	# of Floors 2	Bldg. Age 1929
City (5) Westfield, NJ 07090		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) 2/11/2026	Scheduled Completion Date (11) 2/13/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West			
		City, State, Zip Code Union, NJ 07083			

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>		Date 2/9/2026

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

0159

4344705

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

RECEIVED

Date of Notification: 02/04 /26		Name of Building owner	
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Address: 12 New St	
		City, State, Zip Bayonne NJ 07002	
		Name of Contact:	PHONE.
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12) X Residential	
Street Address 12 New St		Square Feet 2000	# of Floors 02
City Bayonne		Bldg. Age 45	
County (6) Hudson	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC
Street		Street Address: 269 Walker St. Apt 6	
City, State, Zip		City, State, Zip Code Fairview, NJ 07022	
Project Manager for Monitoring Fir		Telephone No.	Telephone No. 973-641-5400
Start Date 02/05/26		Scheduled completion Data 02/08/26	License No 02044
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Name of OSHA firm Emsl Analytical inc	
Other		Street Address 1056 Stelton Rd STE 5	
		City, State, Zip Code Piscataway, NJ 08854	
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Abatement Type	
Location of	Is Location Normally	Description of	Amount (Specify SF or LF)
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	
	Ye s	No	N/A
Second floor wall lower area		ACM	40 SF
Kitchen Area		ACM	120 SF
Name of registered Waste Hauler Tri- State Transfer	NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC
City, State Bronx NY		Disposal Date 02/18/26	City, WAYNESBURG OHIO
Completed by Gustavo Ordon	Title President	Signature 	02/04/26

ASBESTOS CONTROL & LICENSING

0143

4344532

State Of New Jersey

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

RECEIVED

Date of Notification: 01/29/26		Name of Building owner				
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Address: 17 Chauncey Avenue City, State, Zip Code East Orange, NJ 07017				
		Name of Contact:	PHONE.			
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential				
Street Address 17 Chauncey Avenue		Square Feet 2000	# of Floors 02			
City East Orange		Bldg. Age 45				
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC			
Street		Street Address: 269 Walker St. Apt 6				
City, State, Zip		City, State, Zip Code Fairview, NJ 07022				
Project Manager for Monitoring Firm		Telephone No. 973-641-5400	License No 02044			
Start Date 01/29/26	Scheduled completion Date 01/30/26	Name of OSHA firm Emsl Analytical inc				
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5				
		City, State, Zip Code Piscataway, NJ 08854				
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure				
Location of	Is Location Normally	Description of	Abatement Type			
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 60 LF			
	Ye s			No X	N/ A	Removal X
Pipe insulation in basement		Thermal systems insulation				
Name of registered Waste Hauler Tri- State Transfer	NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC			
City, State Bronx NY		Disposal Date 02/04/26	City, WAYNESBURG OHIO			
Completed by Gustavo Ordon	Title President	Signature 	01/29/26			

CONTROL & LICENSING

0157

State Of New Jersey

4344523

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

RECEIVED

Date of Notification: 01/30/26		Name of Building owner				
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial Amended # <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 44 Vernon terrace				
		City, State, Zip Bloomfield NJ 07003				
		Name of Contact:	PHONE.			
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential				
Street Address 44 Vernon Terrace		Square Feet 2000	# of Floors 02			
City Bloomfield		Bldg. Age 45				
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC			
Street		Street Address: 269 Walker St. Apt 6				
City, State, Zip		City, State, Zip Code Fairview, NJ 07022				
Project Manager for Monitoring Fir	Telephone No.	Telephone No. 973-641-5400	License No 02044			
Start Date 01/30/26	Scheduled completion Data 02/02/26	Name of OSHA firm Emsl Analytical inc				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5				
		City, State, Zip Code Piscataway, NJ 08854				
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure				
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
Location of	Is Location Normally	Description of	Abatement Type			
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 76 lf			
	Ye s			No X	N/ A	Removal X
Basement pipe insulation		Thermal system insulation				
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD			
City, State Bronx NY		Disposal Date 02/09/26	Name of Registered Landfield MINERVA ENTREPRICE INC City, WAYNESBURG OHIO			
Completed by Gustavo Ordon	Title President	Signature  01/30/26				

ASBESTOS CONTROL & LICENSIN

FEB 20 2026

Cancelled

4343127

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

RECEIVED

Date of Notification: 01/30/26		Name of Building owner							
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial	Street Address: 5 Cecil Lane Place							
	Amended # Emergency (including Justification) X Cancellation	City, State, Zip Code West Orange NJ 07052							
		Name of Contact:	PHONE: ASBESTOS CONTROL & LICENSING						
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential							
Street Address 5 Cecil Lane Place		Square Feet 2000	# of Floors 02						
City West Orange		Bldg. Age 45							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC						
Street		Street Address: 269 Walker St. Apt 6							
City, State, Zip		City, State, Zip Code Fairview, NJ 07022							
Project Manager for Monitoring Firm		Telephone No. 973-641-5400	License No 02044						
Start Date 01/29/26	Scheduled completion Date 01/30/26		Name of OSHA firm Emsl Analytical inc						
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -Describe/Facility closed during the abatement after school hours		Street Address 1056 Stelton Rd STE 5							
		City, State, Zip Code Piscataway, NJ 08854							
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 x <input type="checkbox"/> xx > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure									
Location of	Is Location Normally			Description of	Amount (Specify SF or LF)	Abatement Type			
	Used Solely by Maintenance/Custodial Staff? (12)	Ye s	No			N/A	Removal	Repair	Encapsulate
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)				Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)					
Pipe insulation in basement		X		Thermal systems insulation	37 LF	X			
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC				
City, State Bronx NY		Disposal Date 02/04/26		City, WAYNESBURG OHIO					
Completed by Gustavo Ordon		Title President		Signature 		01/29/26			

4582

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

4346016

Print Form

RECEIVED

Date of Notification (1) 2-13-2026		Name of Building Owner/Operator (2) Petrusic Plumbing	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 217 Lafayette Avenue	
		City, State, Zip Code Cliffside Park, NJ 07010	
		Name of Contact	Telephone Number

FEB 19 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 8800 Boulevard E Apt 3D		Square Feet 831	# of Floors 8
City (5) North Bergen, NJ		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
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) 2-13-2026	Scheduled Completion Date (11) 2-13-2026	Name of OSHA Monitor Green Environmental Services	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 235 Virginia Avenue	
		City, State, Zip Code Jersey City, NJ 07304	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Green Environmental Services	NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Jersey City, NJ		Disposal Date 2-13-2026	City, State Morrisville, PA
Completed by Liliana Serrano	Title Office Assistant	Signature <i>Liliana Serrano</i>	Date 2-13-2026

4159

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

4346383
 RECEIVED

Date of Notification (1) 01 / 30 / 26		Name of Building Owner/Operator (2) 4159	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Washington Place	
		City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 80 Washington Place		Square Feet 3000	# of Floors 3
City (5) Ridgewood		Bldg. Age 141	
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) Finog Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4	
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048	
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	License No. 00862
Start Date (10) 02 / 09 / 26	Scheduled Completion Date (11) 02 / 16 / 26	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Fl. Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC area of basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	78 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	13 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills	
City, State Lumberton, NJ		Disposal Date 10/10/25	City, State Morrisville, PA		
Completed By (Print or Type) Joann Mullarkey	Title Admin. Assistant	Signature <i>Joann Mullarkey</i>		Date 2-10-26	

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

4157

394086
RECEIVED

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

FEB 20 2026

Date of Notification (1) <u>01</u> / <u>28</u> / <u>26</u>		Name of Building Owner/Operator (2) <i>check # 4157</i>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 Stevenson Street								
		City, State, Zip Code Waretown NJ 08758								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 6 Stevenson Street		Square Feet 1,300	# of Floors 1							
City (5) Waretown		Bldg. Age 64								
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial								
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4								
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048								
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	Telephone No. 609-702-0400							
Start Date (10) <u>01</u> / <u>29</u> / <u>26</u>		Scheduled Completion Date (11) <u>01</u> / <u>29</u> / <u>26</u>	License No. 00862							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.								
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>Enclosure</i> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 120 SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	double layer floor tile & mastic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills						
City, State Lumberton, NJ		Disposal Date 10/10/25		City, State Morrisville, PA						
Completed By (Print or Type) Jennifer Burns		Title Office Assistant	Signature <i>Jennifer Burns</i>		Date 1/28/26					

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

4154.

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

4342563
RECEIVED

FEB 20 2025

Date of Notification (1) 01 / 20 / 26		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 106 N Pembroke Ave							
		City, State, Zip Code Margate City NJ 08402							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 106 N Pembroke Ave		Square Feet 2,322	# of Floors 3						
City (5) Margate City		Bldg. Age 88							
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	Telephone No. 609-702-0400						
		License No. 00862							
Start Date (10) 01 / 21 / 26	Scheduled Completion Date (11) 01 / 21 / 26	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior siding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills					
City, State Lumberton, NJ		Disposal Date 10/10/25	City, State Morrisville, PA						
Completed By (Print or Type) Jennifer Burns		Title Office Assistant	Signature <i>Jennifer Burns</i>		Date 1/21/26				

Courtesy

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

4314561

Date of Notification (1) <u>08</u> / <u>18</u> / <u>25</u>		Name of Building Owner/Operator (2) PACO Housing Corporation I Job Number: 2508-3421 Check#4126	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 192 3rd Street	
		City, State, Zip Code Jersey City NJ 07302	
		Name of Contact	Telephone Number

RECEIVED

FEB 20 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 214 2nd Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Jersey City	Square Feet 3600	# of Floors 3	Bldg. Age 1974
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential Building	
Name of Monitoring Firm Hired by Building Owner (8) ESA Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address 495 Union Avenue		Street Address 70 Stacy Haines Road	
City, State, Zip Code Middlesex NJ 08846		City, State, Zip Code Lumberton NJ 08048	
Project Manager for Monitoring Firm Marc Bunting	Telephone No. 732-469-8888	Telephone No. 609-702-0400	License No. 00862
Start Date (10) <u>08</u> / <u>27</u> / <u>25</u>	Scheduled Completion Date (11) <u>08</u> / <u>29</u> / <u>25</u>	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall Ceiling	208 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services	NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill
City, State Lumberton NJ	Disposal Date 08/29/2025	City, State Morrisville PA	
Completed By (Print or Type) Kaysi Gruner	Title Admin	Signature 	Date 8/19/25

1884



PAID

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

4345352

CHK # 1884

Print Form

Date of Notification (1) 2/9/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 Harding Terr.							
		City, State, Zip Code Newark, NJ 07112							
Name of Contact			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 23 Harding Terr.			Square Feet 2,818	# of Floors 2	Bldg. Age 1922				
City (5) Newark, NJ 07112		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Name of Abatement Contractor (9) DANVIC CONTRACTING LLC		Street Address 240 South 5th St.		City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 2/10/2026		Scheduled Completion Date (11) 2/12/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room			X	Pipe Insulation	25 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys			Title Owner		Signature <i>Jeymy Donneys</i>		Date 2/9/2026		

6756300596

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

4332969

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FEB 20 2025

Date of Notification (1) 11/3/2025		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 27 Johnson Ave	
		City, State, Zip Code Teaneck NJ	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 27 Johnson Ave		Square Feet 2495	# of Floors 2
City (5) Teaneck NJ		Bldg. Age 1934	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential	
Name of Monitoring Firm (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 11/4/2025	Scheduled Completion Date (11) 11/9/2025	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe wrap insulation	40 LF	X			
basement		X		VAT	400 SF	X			

Name of Registered Waste Hauler Self Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 7	Name of Registered Landfill United States	
City, State Sparta NJ			Disposal Date	City, State Morrisville PA	
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 11/3/2025

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

4343028

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Date of Notification (1) <u>02</u> / <u>02</u> / <u>26</u>		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 188	
		City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact	Telephone Number

FEB - 6 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 10 1st Avenue		Square Feet 1200	# of Floors 1
City (5) Sea Girt		Bldg. Age 50	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>02</u> / <u>13</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>20</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 02/20/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/12/26		

1229



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

RECEIVED

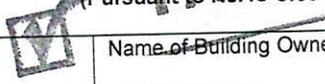
Check# 1229

Date of Notification (1) 02/03/2026		Name of Building Owner/Operator (2)								
Agencies Notified		Type Notification		Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		74 Westminster Place City, State, Zip Code Garfield, NJ 07026						
				Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4)						
Street Address 74 Westminster Place				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Garfield, NJ 07026				Square Feet	Bldg. Age					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Road#283								
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-356-3511	License No. 01127						
Start Date (10) 02/12/2026		Scheduled Completion Date (11) 02/13/2026		Name of OSHA Monitor Envirovision Consultants, Inc						
Occupancy Status During Abatement (Check Only One)				Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			x	Pipe insulation	40 LF	x				
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc						
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA							
Completed by G.Ristanovic		Title Owner	Signature Gradimir Ristanovic		Date 02/03/2026					

2050

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

CHECK # 2050
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FEB - 6 2026

Date of Notification (1) 01/29/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 169 N UNION STREET		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code LAMBERTVILLE NJ 08530						
			Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 169 N UNION STREET			Square Feet 1800	# of Floors 2	Bldg. Age 100+				
City (5) LAMBERTVILLE		County (6) HUNTERDON		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP INC.			ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.				
Street Address PO BOX 316			Street Address 570 CLEMS RUN						
City, State, Zip Code THOROFARE NJ 08066			City, State, Zip Code MULLICA HILL NJ 08062						
Project Manager for Monitoring Firm DAVID FLANNIGAN		Telephone No. 609-221-4660		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 02/09/2026		Scheduled Completion Date (11) 02/11/2026		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: RESIDENTIAL-ABATEMENT AREA CLOSED OFF			Street Address 200 RT. 130 NORTH						
			City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	45 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 04	Name of Registered Landfill MINERVA LANDFILL				
City, State MULLICA HILL NJ				Disposal Date 02/11/2026	City, State WAYNESBURG, OH				
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 			Date 01/29/2026		

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

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

50055

Date of Notification (1) 02 / 02 / 26		Name of Building Owner/Operator (2) Tradewinds Builders, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2908 Baltic Avenue	
		City, State, Zip Code Beach Haven Gardens, NJ 08008-2646	
		Name of Contact _____ Telephone Number _____	

50055

FEB - 6 2026

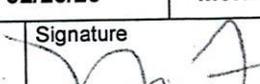
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 131 W Maryland Avenue		Square Feet 1650	# of Floors 1
City (5) LB Twp		Bldg. Age 80	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 02 / 16 / 26	Scheduled Completion Date (11) 02 / 20 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	550 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey		Disposal Date 02/20/26		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 2/2/26	

Handwritten signatures and initials at the top left of the page.

4341415

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1): 12/31/2025		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: 1,2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 10 Manor Ridge Drive City, State, Zip Code: Princeton Junction, NJ 08550	
	Name of Contact:		Telephone Number: ASBESTOS CONTROL & LICENSING

PAID

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JAN 30 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility: 10 Manor Ridge Drive 10 Manor Ridge Drive			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
City/ (5) Princeton Junction	County (6): Mercer	County Code (7): 08550	Square Feet: # of Floors: Bldg. Age Current Use: House

Name of Monitoring Firm Hired by Building Owner: United Testing and Consulting Group Inc.	ASCM No.:	Name of Abatement Contractor (9): Apex Development, Inc.
Street Address: 81 Herman Drive		Street Address: 358 Broadway

City, State, Zip Code: Spotwood, NJ 08884		City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Derek	Telephone No.: 973-229-7708	Telephone No.: (973) 350-0101	License No.: 01215

Start Date (10): 01/10/2026	Scheduled Completion Date (11): 01/17/2026 <i>01/24/26</i>	Name of OSHA Monitor: Metro Analytical Laboratories
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input checked="" type="checkbox"/> Other Describe: <i>un-occupied</i>		Street Address: 255 West 36 th Street, Suite 203 City, State, Zip Code: New York, New York, 10018

Scope of Work (Check all that apply): <input type="checkbox"/> > 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
EXTERIOR		X		TRANSITE SIDING	600 SF	*			
						*			

Name of Registered Waste Hauler: Century Waste Service	NJDEP Waste Hauler ID No.: 10254	Cubic Yards of Waste: 30	Name of Registered landfill: Fairless Landfill
City, State: Elizabeth, NJ 07201	Disposal Date:	City, State: Morrisville, PA 19067	
Completed By: Chinyelu Oraegbunam	Title: President	Signature: <i>Chinyelu Oraegbunam</i>	Date: 12/31/2025

4815

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

RECEIVED

FEB - 6 2026

ASBESTOS CONTROL & LICENSE

Date of Notification (1) 2/2/26		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Seal St.	
		City, State, Zip Code High Bridge, NJ 08829	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 Seal St.		Square Feet 1650	# of Floors 2
City (5) High Bridge		Bldg. Age 60 +/-	
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 55 Cannonball Rd.	
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 2/3/26	Scheduled Completion Date (11) 2/6/26	Name of OSHA Monitor Same As Above	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		Vermiculite	400 SF	X			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 8 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill	
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA	
Completed by Richard Cristofol		Title President	Signature 	Date 2/2/26	

4179

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

RECEIVED

FEB - 6 2026

Date of Notification (1) 1 / 16 / 26		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 92 Heck Ave	City, State, Zip Code Ocean Grove, NJ 07756						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 92 Heck Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 92 Heck Ave		Square Feet 1778	# of Floors 2						
City (5) Ocean Grove		Bldg. Age 126							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting	ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov	Telephone No. 347-612-1572	Telephone No. 7328997499	License No. 01196						
Start Date (10) 1 / 19 / 26	Scheduled Completion Date (11) 1 / 20 / 26	Name of OSHA Monitor AZ Solution Consulting							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Susquehanna Ave							
		City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct wrap	10SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.	NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Brick, NJ	Disposal Date 1/21/26	City, State Morrisville, PA							
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 1/16/26						

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

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

4344707
 RECEIVED

Date of Notification (1) January 24, 2026		Name of Building Owner/Operator (2) ARX OPP Zone, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6401 Delilah Rd, Block 301, Lot 2	
		City, State, Zip Code Egg Harbor, NJ 08234	
		Name of Contact Kyle Hoehe	Telephone Number 848-333-2238

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Restaurant and Bar		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 6415 Delilah Road, Egg Harbor NJ 08234		Square Feet 10,000	# of Floors 2	Bldg. Age 50
City (5) Egg Harbor	County (6) Atlantic County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private School	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC	
Street Address		Street Address 958 Jackson Rd.		
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-547-5198	License No. 01158
Start Date (10) 02/01/2026	Scheduled Completion Date (11) 03/15/2026	Name of OSHA Monitor Graham-Tech Environmental Service, LLC		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 958 Jackson Rd.		
		City, State, Zip Code Mays Landing, NJ 08330		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Store Area		X		red 12x12 Floor Tile	1,250SqFt	X		X	
Throughout Roof		X		Built up Roofing	7,600SqFt	X			
Store Area		X		Mastic	1,250SqFt	X		X	

Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Atlantic City Land fill	
City, State Mays Landing, NJ 08330			Disposal Date	City, State Atlantic City NJ	
Completed by Vernice Graham		Title Spouse	Signature 	Date 01/23/2026	

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

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

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4061

Date of Notification (1) 2/4/2026		Name of Building Owner/Operator (2) New Jersey Department of Environmental Protection	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 East State Street, PO Box 420	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Joseph Maio	Telephone Number 973-222-2675

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kittatinny Valley State Park		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 16 Cedar Lake Road		Square Feet	# of Floors
City (5) Blairstown		Bldg. Age	
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC
Street Address 344 West State Street		Street Address 27 Outwater Lane	
City, State, Zip Code Trenton, NJ 08601		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-928-4888
Start Date (10) 2/13/2026		Scheduled Completion Date (11) 3/31/2026	License No. 1188
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor A. Seine Lighthouse Solutions	
		Street Address PO Box 354	
		City, State, Zip Code South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Grey condensate sink coating	8 SF	X			
Exterior Foundation Wall			X	Black tar vapor barrier	528 SF	X			
Exterior Roof			X	Black rolled tar paper under roof	1,738 SF	X			

Name of Registered Waste Hauler Century Waste LLC	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ		Disposal Date	City, State Morrisville, PA
Completed by Jacqueline Anello	Title Office Administrator	Signature <i>Jacqueline Anello</i>	Date 2/4/2026

10258

check # 10258

State of New Jersey - Notification of Asbestos Abatement

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

PAID

GAC Project # 060-26

Date of Notification (1) February 3, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DOUGLASS LIBRARY, BLDG# 8313		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address DOUGLASS CAMPUS		Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN LUTZ	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 2/13/2026	Scheduled Completion Date (11) 02/16/2026	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 4PM FRI- 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) G002 Suite	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 1,300 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860		Disposal Date 02/16/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date February 3, 2026

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

1804

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

PAID

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<u>Date of Notification (1)</u> 2/2/2026		<u>Name of Building Owner/Operator</u> ECLC of NJ Chatham School	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 21 Lum Avenue		FEB - 5 2026	
<u>City, State, Zip Code</u> Chatham NJ 07928		ASBESTOS CONTROL & LICENSING	
<u>Name of Contact</u> Victoria Calderon		<u>Telephone Number</u> 973-941-5141	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> ECLC NJ Chatham School		<u>Type of Facility (4)x</u> <input type="checkbox"/> School (K-12) Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings., homes, etc.)	
<u>Street Address</u> 21 Lum Avenue		Sq. Feet: Approximately 22,000 SF # of Floors: 2 Bldg. Age: 104 years	
<u>City (5)</u> Chatham NJ	<u>County (6)</u> Morris	<u>County Code (7)</u> (State Use Only)	Current Use (prior if being demolished):
<u>Name of Monitoring Firm Hired by Bldg. Owner</u> Karl & Associates LLC		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> BL Contracting Inc.
<u>PO Box 646</u>		<u>Street Address</u> 5 Marguerite Lane	
<u>Shillington PA 19670</u>		<u>City State, Zip Code</u> Towaco NJ 07082	
<u>Project Manager for Monitoring Firm</u> Ed Karl	(610) 698-3308	<u>Telephone Number</u> 973-901-0153	<u>License Number</u> 01265
<u>Scheduled Start Date (10)</u> 2/16/2026	<u>Scheduled Completion Date (11)</u> 2/20/2026	<u>Name of OSHA Monitoring</u> BL Contracting Inc	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday- Saturday 7 am- 4pm		<u>Street Address</u> 5 Marguerite Lane	
		<u>City, State, Zip Code</u> Towaco NJ 07082	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> $X > 160$ sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Wrap & Cut Procedure <input type="checkbox"/> Full Containment <input type="checkbox"/> Tent & Glove-bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Main/Custodial Staff (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>
Second Floor	<input checked="" type="checkbox"/>	Floor Tiles	800 SF
<u>Name of Reg. Waste Hauler</u> BL Contracting Inc	<u>NJDEP Waste Hauler ID #</u> 0036784	<u>Cubic Yards of Waste</u> 4	<u>Name of Registered Landfill</u> T.R.R..F
		<u>Disposal Date</u> 2/25/2025	<u>City, State</u> Tully town, PA
<u>Completed by (Print or Type)</u> Nedo Vasilic	<u>Title</u> Project Manager	<u>Signature</u> <i>Nedo Vasilic</i>	<u>Date</u> 2/03/2026

11934

Check # 11934

Print Form

4-YORK AREA

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

RECEIVED

Date of Notification (1) FEBRUARY 2, 2026		Name of Building Owner/Operator (2) ARYA PROPERTIES LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 130 CENTRAL AVENUE	
		City, State, Zip Code ISLAND HEIGHTS, NJ 08732	
		Name of Contact _____	

FEB - 4 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MOTEL (VACANT DEMO)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2308 SOUTH OCEAN AVENUE		Square Feet 20,000	# of Floors 2	Bldg. Age 60+-
City (5) SEASIDE PARK, NJ 08752		Current Use (Prior if being demolished), MOTEL		
County (6) OCEAN	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) EPC TECHNOLOGIES		
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES		ASCM No. N/A	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		Telephone No. 609-744-6384		
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	License No.	
Start Date (10) FEBRUARY 16, 2026	Scheduled Completion Date (11) MARCH 31, 2026	Name of OSHA Monitor EPC TECHNOLOGIES		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. BOX 337		
		City, State, Zip Code NEW EGYPT, NJ 08533		

(Handwritten circle around License No. field)

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR ROOF	XXX			TOP LAYER SEAMS SEALANT	20,000 sf	XXX			
INTERIOR CEILINGS	XXX			POPCORN SPRAY-ON	16,200 sf	XXX			
PARKING LOT			XXX	PILE OF DEBRIS	16,200 SF	XXX			

Name of Registered Waste Hauler EPC TECHNOLOGIES		NJDEP Waste Hauler ID No. 17900	Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS LANDFILL	
City, State NEW EGYPT, NJ 08533		Disposal Date VARIOUS DATE		City, State MORRISVILLE PA	
Completed by STEVE SCHENKER		Title PRESIDENT	Signature <i>Steve Schenker</i>		Date FEB 2, 2026