

4363582

RECEIVED

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

000272

Date of Notification (1) 05/01/2026		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 8 Mount Vernon Road	
		City, State, Zip Code Montclair NJ 07043	
		Name of Contact _____ Telephone Number _____	

MAY 7 2026

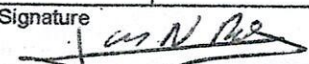
ASBESTOS CONTROL & LICENSING

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 8 Mount Vernon Road		Square Feet	# of Floors
City (5) Montclair		Bldg. Age + 50	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Demo LLC
Street Address		Street Address 143 Acme St	
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-218-3930
			License No. 02045
Start Date (10) 05/11/2026	Scheduled Completion Date (11) 05/12/2026	Name of OSHA Monitor United Demo 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 143 Acme St	
		City, State, Zip Code Elizabeth NJ 07202	

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

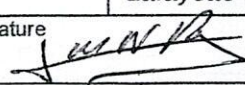
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	30 LF	X			

Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth NJ		Disposal Date TBD		City, State Morrisville PA	
Completed by Jose N Rosas	Title Project Manager	Signature 		Date 05/01/2026	

000273

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

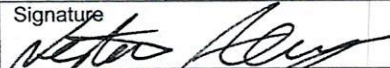
4363569
RECEIVED

Date of Notification (1) 05/05/2026		Name of Building Owner/Operator (2) <div style="text-align: right; font-size: 1.2em;">MAY 12 2026</div>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 7 Courtland Rd City, State, Zip Code Vernon Township NJ 07462						
			Name of Contact Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4)						
Street Address 7 Courtland 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) Vernon Township			Square Feet	# of Floors	Bldg. Age +50				
County (6) Sussex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Demo LLC						
Street Address			Street Address 143 Acme St						
City, State, Zip Code			City, State, Zip Code Elizabeth NJ 07202						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-218-3930	License No. 02045					
Start Date (10) 05/18/2026		Scheduled Completion Date (11) 05/23/2026		Name of OSHA Monitor United Demo LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 143 Acme St						
<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 Elizabeth NJ 07202						
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
2 Bedrooms, closet, hallway			X	Walls, Ceiling Joint Compound	3900 SF	X			
Kitchen, Living Room, Bathroom									
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste As Needed	Name of Registered Landfill Sussex County MUA Landfill					
City, State Elizabeth NJ		Disposal Date TBD	City, State Lafayette NJ						
Completed by Jose N Rosas		Title Project Manager	Signature 		Date 05/05/2026				

55102394889

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

LB63586
 RECEIVED
 MAY 19 2026

Date of Notification (1) 04/27/2026		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 855 Wood Ave							
			City, State, Zip Code Edison, New Jersey 08820							
			Name of Contact		Telephone Number					
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 855 Wood Ave			Square Feet 1,388 SF	# of Floors 2	Bldg. Age 47					
City (5) Edison		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home						
County (6) Middlesex County										
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting							
Street Address		Street Address 54 Hedden Terrace								
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201) 790-4530	License No. 02047						
Start Date (10) 05/08/2026		Scheduled Completion Date (11) 05/14/2026		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 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			X	Asbestos Siding	2,000 SF	X				
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 10	Name of Registered Landfill Chrin Bro Landfill						
City, State North Arlington, New Jersey			Disposal Date TBD	City, State Easton, PA						
Completed by Nestor M. Alvez		Title Project Manager	Signature 		Date 04/27/2026					

11214

PAID

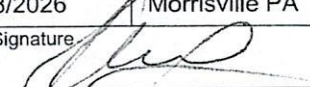
4363571

RECEIVED

Print Form

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

MAY 19 2026

Date of Notification (1) 05/10/2026		Name of Building Owner/Operator (2) Boroughof Cliffside Park							
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 525 Paliside Ave							
		City, State, Zip Code Cliffside Park NJ 07010							
Name of Contact David Juzmeski			Telephone Number 201-945-3456						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Temple 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 207 Edgewater Road				Square Feet N/A					
City (5) Cliffside OPark NJ 07010				# of Floors N/A	Bldg. Age N/A				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Temple Building					
Name of Monitoring Firm Hired by Building Owner (8) Iris Lab		ASCN No.	Name of Abatement Contractor (9) Teal Management						
Street Address 2333 US-22		Street Address 24 Motley Drive							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-9973	Telephone No. 862-243-1471	License No. 02063					
Start Date (10) 05/21/2026	Scheduled Completion Date (11) 0728/2026		Name of OSHA Monitor Teal Management						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 24 Morley Drive						
			City, State, Zip Code Woodland Park NJ 07424						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <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
Upper Floor			X	accustical ceiling	6000 SF	X			
Upper Floor			X	VAT & MASTIC	1460 SF	X			
Lower Floor electrical room			X	VAT & MASTIC	2500 SF	X			
Lower Floor crawlspace			X	pipe insulation	45 LF	X			
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 90CY	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park NJ 07424		Disposal Date 07/28/2026	City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager	Signature 		Date 05/10/2026				

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

4085

1250304

RECEIVED

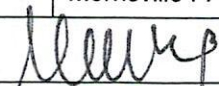
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/12/2026		Name of Building Owner/Operator (2) Elizabeth School District		Check No. 4085 MAY 19 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 500 North Broad Street		City, State, Zip Code Elizabeth, New Jersey 07208 Name of Contact Milanes Luis Telephone Number 908-436-5180					
			City, State, Zip Code Elizabeth, New Jersey 07208							
			Name of Contact Milanes Luis							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Mable G Holmes School # 5 Annex			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 720 Clarkson Avenue			Square Feet 10000							
City (5) Elizabeth, New Jersey			# of Floors 2	Bldg. Age 50+						
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School 5							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. 0012	Name of Abatement Contractor (9) Lilich Corporation							
Street Address 560 Sylvan Avenue Suite 3065			Street Address 246 Union Boulevard							
City, State, Zip Code Englewood Cliffs, NJ 07632			City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Stephen A. Jaraczewski		Telephone No 201-569-6078	Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 5/22/2026	Scheduled Completion Date (11) 05/26/2026		Name of OSHA Monitor Iris Environmental Laboratories, 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 2333 Route 22 West							
			City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF of LF)	Abatement Type			
		Yes	No				N/A	Removal	Repair	Encapsulate
Boiler Room				X	Pipe Insulation	60LF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill						
City, State Elizabeth, New Jersey		Disposal Date May / 2026	City, State Pen Argyl, PA							
Completed by Adriana Olejarova		Title President	Signature 		Date 05/12/2026					

1036

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

4363590
 RECEIVED
 MAY 19 2026

Date of Notification (1) 05/10/2026		Name of Building Owner/Operator (2)									
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 21-10 Carlisle Pl, Fair Lawn City, State, Zip Code Fair Lawn, NJ 07410 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 21-10 Carlisle Pl		City (5) Fair Lawn		Square Feet	# of Floors	Bldg. Age					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) MHM Restoration LLC							
Street Address		Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.		Telephone No.		License No.					
Start Date (10) 05/23/2026		Scheduled Completion Date (11) 05/26/2026		Name of OSHA Monitor MHM Restoration LLC							
Occupancy Status During Abatement (Check Only One)		Street Address		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		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 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		
basement		*		VAT	750SF	*					
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 05/10/2026				

0580

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

4363591
RECEIVED

Print Form

MAY 19 2026

Date of Notification (1) 03/24/2026		Name of Building Owner/Operator (2)						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 41 Columbus Ave		City, State, Zip Code Garfield NJ 07006						
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 41 Columbus Ave		Square Feet 2500	# of Floors 2					
City (5) Garfield NJ 07006		Bldg. Age 75						
County (6) Bergen County		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Renovated with Grace Inc					
Street Address		Street Address 37 Coachman Ln						
City, State, Zip Code		City, State, Zip Code Levittown NY 11756						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 3477357861					
Start Date (10) 4/4/26		Scheduled Completion Date (11) 06/04/26	License No. 02139					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor						
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address						
City, State, Zip Code		City, State, Zip Code						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1900SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Side	X		Transit site siding		X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste TBD	Name of Registered Landfill United skl				
City, State 603 Dow Ave Elizabeth NJ		Disposal Date		City, State Morrisville PA				
Completed by Omur Vege		Title President	Signature Omur Vege		Date 3/24/26			

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

11082

4363592

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

RECEIVED

MAY 19 2026

Date of Notification (1) 05/12/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 883 Briarcliff 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) 883 Briarcliff Drive		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) Toms River	Square Feet 1,610	# of Floors 2	Bldg. Age 55	
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) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue		
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Nora Pearse	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842	

Start Date (10) 05/22/2026	Scheduled Completion Date (11) 05/27/2026	Name of OSHA Monitor EMSL Analytical, Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input 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
Storage Room, Hallway, Utility Room, Bathroom, Closet, Family Room, & Bedroom			X	Floor Tile & Mastic	553 SF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 4	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ		Disposal Date 05/27/2026		City, State Morgantown, PA	
Completed by Samantha Brown		Title Operations Coordinator	Signature 	Date 05/12/2026	

981

4357412

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

RECEIVED

Print Form

MAY 19 2026

Date of Notification (1) 3/30/2026		Name of Building Owner/Operator (2) MAY 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 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 309 W 16th Ave		City, State, Zip Code Linden NJ 10011																												
Name of Facility Where Abatement is Taking Place (3) Residential		Name of Abatement Contractor (9) Renewal with Gace Inc																												
Street Address 309 West 16th Ave		Street Address 37 coachman Ln																												
City (5) Linden NJ 10011		City, State, Zip Code Levittown NY 11756																												
County (6) Union County		County Code (7) (STATE USE ONLY)																												
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.																												
Street Address		Street Address 37 coachman Ln																												
City, State, Zip Code		City, State, Zip Code Levittown NY 11756																												
Project Manager for Monitoring Firm		Telephone No.																												
Start Date (10) 4/11/2026		Scheduled Completion Date (11) 4/28/2026																												
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Onar Vega																												
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 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 "A" and Non-Friable Procedure		Street Address 37 coachman Ln																												
City, State, Zip Code		City, State, Zip Code Levittown NY 11756																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th> <th colspan="3">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th> <th rowspan="2">Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th rowspan="2">Amount (Specify SF or LF)</th> <th colspan="4">Abatement Type</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> </thead> <tbody> <tr> <td>Thru all interior</td> <td>X</td> <td>X</td> <td></td> <td>Ceiling and wall Plaster</td> <td>2800 SF</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure	Thru all interior	X	X		Ceiling and wall Plaster	2800 SF						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)			Abatement Type																						
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure																					
Thru all interior	X	X		Ceiling and wall Plaster	2800 SF																									
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797																												
City, State 623 Down Ave Elizabeth NJ		Cubic Yards of Waste TBD																												
Completed by Onar Vega		Name of Registered Landfill Unsted stat																												
Title Owner		City, State Morrisville PA																												
Signature Onar Vega		Disposal Date																												
Date 3/30/26		Signature Onar Vega																												

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

APR 29 2026

Date of Notification (1) 3/30/2026

Name of Building Owner/Operator (2) _____

Agencies Notified: EPA, DEP, DOL, DOH, DCA

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

Street Address: 309 W 16th Ave

City, State, Zip Code: Linden NJ 10011

Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

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

Street Address: 309 W 16th Ave

City (5): Linden NJ 10011

County (6): Union County

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

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

Square Feet: 1400 # of Floors: 3 Bldg. Age: 79

Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Building Owner (8): TBD

ASCM No.: _____

Name of Abatement Contractor (9): Renewal with Gace Inc

Street Address: 37 Coachman Ln

City, State, Zip Code: Levittown NY 11756

Project Manager for Monitoring Firm: _____ Telephone No.: _____

Telephone No.: 347 735 7861 License No.: 02139-01

Start Date (10): _____ Scheduled Completion Date (11): _____

Name of OSHA Monitor: Onar Vega

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

Street Address: 37 Coachman Ln

City, State, Zip Code: Levittown NY 11756

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Thru all interior</u>	<u>X</u>	<u>X</u>		<u>Ceiling and wall Plaster</u>	<u>2800 SF</u>				

Name of Registered Waste Hauler: Century Waste

NJDEP Waste Hauler ID No.: 32797

Cubic Yards of Waste: TBD

Name of Registered Landfill: United stat

City, State: 623 Down Ave Elizabeth NJ

Disposal Date: _____ City, State: _____

Completed by: Onar Vega Title: Owner Signature: Onar Vega Date: 3/30/26

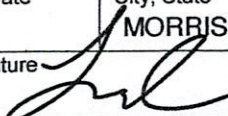
* Do not use this form for asbestos licensure exempted activities.

1400

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

4342209

RECEIVED

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) KS GROUP								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 PARK PLACE City, State, Zip Code NEWARK, NJ 07102							
			Name of Contact MATHEW DREIFUS							
			Telephone Number 9739319295							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) NOVA TOWERS COMMERCIAL WAREHOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 16-24 WILLIAMS ST		Square Feet 20000	# of Floors 2							
City (5) NEWARK		Bldg. Age +50								
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL PROPERTY							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC							
Street Address		Street Address 24 LINCOLN AVE W								
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 5133487							
			License No. 02113							
Start Date (10) 05/25/2026		Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
EXTERIOR ROOF		X		FLASHING	200LF	X				
EXTERIOR ROOF		X		ROOF MATERIAL	12000SF	X				
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill United States						
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date	City, State MORRISVILLE, PA						
Completed by JENNIFER GOMES		Title PRESIDENT	Signature 	Date 05/15/2026						

1400

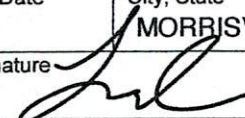
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

4342300

RECEIVED

MAY 19 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) KS GROUP						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 60 PARK PLACE						
		City, State, Zip Code NEWARK, NJ 07102						
		Name of Contact MATHEW DREIFUS	Telephone Number 9739319295					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) NOVA TOWERS COMMERCIAL WAREHOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 26-30 WILLIAMS ST		Square Feet 8000	# of Floors 2					
City (5) NEWARK		Bldg. Age +50						
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL PROPERTY						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC					
Street Address		Street Address 24 LINCOLN AVE W						
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016						
Project Manager for Monitoring Firm		Telephone No. 5133487	License No. 02113					
Start Date (10) 05/25/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
EXTERIOR ROOF		X	FLASHING	200LF	X			
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill United States				
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date	City, State MORRISVILLE, PA				
Completed by JENNIFER GOMES		Title PRESIDENT	Signature 	Date 05/15/2026				

1400

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

4342207

PAID

RECEIVED

MAY 19 2026

LICENSING

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) KS GROUP	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 60 PARK PLACE	
		City, State, Zip Code NEWARK, NJ 07102	
		Name of Contact MATHEW DREIFUS	Telephone Number 9739319295

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NOVA TOWERS COMMERCIAL WAREHOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 32-34 WILLIAMS ST		Square Feet 10000	# of Floors 2
City (5) NEWARK		Bldg. Age +50	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL PROPERTY	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC	
Street Address		Street Address 24 LINCOLN AVE W		
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 5133487	License No. 02113

Start Date (10) 05/25/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 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
EXTERIOR ROOF		X		FLASHING	100SF	X			
EXTERIOR ROOF		X		ROOF MATERIAL	2000SF	X			

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

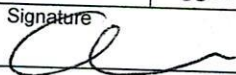
10546

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

4363596
RECEIVED

Print Form

MAY 15 2026

Date of Notification (1) 5/13/26		Name of Building Owner/Operator (2) FAA Building 210 Boiler House								
Agencies Notified	Type Notification	Street Address 101 Atlantic City Airport								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Egg Harbor Township NJ 08234								
		Name of Contact Daniel Fernandez	Telephone Number 609-371-2039							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) FAA Building 210 Boiler House		Type of Facility (4)								
Street Address 101 Atlantic City Airport		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Egg Harbor Township NJ 08234		Square Feet 1000+	# of Floors 1							
County (6) Atlantic		Bldg. Age 35+								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address PO Box 365		Street Address PO Box 329								
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	Telephone No. 856-753-9800							
Start Date (10) 5/26/26		Scheduled Completion Date (11) 6/5/26	License No. 00727							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same								
<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	
Boiler Room			X	Duct Insulation	35 LF	X				
Boiler Room			X	Boiler Gasket	4 SF	X				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill Atlantic County MUA						
City, State W Berlin NJ		Disposal Date 6/5/26		City, State Egg Harbor Township NJ 08234						
Completed by Anthony T Perna		Title President	Signature 	Date 5/13/26						

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

** Emergency **
10547

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

1976299
Check RECEIVED 10547

Print Form

Date of Notification (1) 5/13/26		Name of Building Owner/Operator (2) Vinland Housing Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 191 W Chestnut Street						
			City, State, Zip Code Vinland NJ 08360						
		Name of Contact Skyler	Telephone Number 609-265-0001						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Unit 24 E (Tacklin Acres)		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 191 W Chestnut Street		Square Feet 1000+	# of Floors 1						
City (5) Vinland NJ 08360		Bldg. Age 50+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 304 Harper Drive		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08054		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Rafael L Torres		Telephone No. 856-581-9055	Telephone No. 856-753-9800						
Start Date (10) 5/14/26		Scheduled Completion Date (11) 5/19/26	License No. 00727						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Same							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Floor Tile	100 SF	X			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Cumberland County Landfill					
City, State Berlin NJ		Disposal Date 5/19/26		City, State Millville NJ 08332					
Completed by Anthony T Perna		Title President	Signature 			Date 5/13/26			

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

1644

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

4941143

RECEIVED

MAY 15 2026

Date of Notification (1)
05 / 14 / 26

Name of Building Owner/Operator (2)
VIRTUA HEALTH

Agencies Notified
 EPA
 DOLWD
 DOH
 DCA (NJAC 5:23-8)

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

Street Address
20 WEST STOW ROAD-STE. 3

City, State, Zip Code
MARLTON, NJ 08053

Name of Contact
GABRIELLE RAYBURN

Telephone Number
(856) 355-0965

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)
VIRTUA-OUR LADY OF LOURDES

Street Address
1600 HADDON AVENUE

City (5)
CAMDEN

County (6)
CAMDEN

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

Square Feet
46,000

of Floors
6

Bldg. Age
50+/-

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)
VERTEX COMPANIES

ASCM No.

Name of Abatement Contractor (9)
PEPPER ENVIRONMENTAL SERVICES, INC.

Street Address
2501 SEAPORT DRIVE-SUITE BH 110

City, State, Zip Code
CHESTER, PA 19013

Street Address
2501 SEAPORT DRIVE-SUITE BH 110

City, State, Zip Code
CHESTER, PA 19013

Project Manager for Monitoring Firm
DON HEIM

Telephone No.
(610)787-0402

City, State, Zip Code
PHILADELPHIA, PA 1917

Start Date (10)
05 / 26 / 26

Scheduled Completion Date (11)
06 / 26 / 26

Telephone No.
(215) 533-5155

License No.
01166

Name of OSHA Monitor
VERTEX COMPANIES

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM

Street Address
2501 SEAPORT DRIVE-SUITE BH 110

City, State, Zip Code
CHESTER, PA 19013

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

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

City, State
TRENTON, NJ

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
WASTE MANAGEMENT

City, State
MORRISVILLE, PA

Disposal Date

Completed By (Print or Type)
DENISE M. NIVEN

Title
ADMIN. ASST.

Signature
Denise M. Niven

Date
5/14/26

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

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IN LOCATION NORMALLY MAINTAINED BY PERSONNEL OR CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS INSULATION, PAINT, GASKETS, VAP, OR OTHER MISCELLANEOUS)	AMOUNT (SPECIFY SF OR LF)	REMOVAL	REPAIR	ENCAPSULATE	ABATEMENT TYPE
THROUGHOUT CONTROL ROOM & BASEMENT CT SCAN ROOM	N/A	BOTTOM LAYER WHITE FLOOR TILE (BELOW GREEN ROLLED FLOORING)	750 SF	YES	NO	NO	NO

1696

994143

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

PAID

Date of Notification (1) 05 / 15 / 26		Name of Building Owner/Operator (2) VIRTUA HEALTH	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 WEST STOW ROAD-STE. 3	
		City, State, Zip Code MARLTON, NJ 08053	
		Name of Contact GABRIELLE RAYBURN	Telephone Number (856)-355-0965

RECORDED

MAY 19 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VIRTUA-OUR LADY OF LOURDES		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		Square Feet 46,000	# of Floors 6
City (5) CAMDEN		Bldg. Age 50+/-	
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	

Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES	ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.	
Street Address 2501 SEAPORT DRIVE-SUITE BH 110		Street Address 2251 FRALEY STREET	
City, State, Zip Code CHESTER, PA 19013		City, State, Zip Code PHILADELPHIA, PA 1917	
Project Manager for Monitoring Firm DON HEIM	Telephone No. (610)787-0402	Telephone No. (215) 533-5155	License No. 01166

Start Date (10) 06 / 01 / 26	Scheduled Completion Date (11) 06 / 26 / 26	Name of OSHA Monitor VERTEX COMPANIES	
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 2501 SEAPORT DRIVE-SUITE BH 110	
		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) <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
	<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 <i>Denise M. Niven</i>	Date 5/15/26

LOCATION OF ASBESTOS CONTAMINATION TO BE ABATED IN FACILITY	IN LOCATION USED SOLELY BY MAINTENANCE/ CUSTOMER STAFF?	DESCRIPTION OF ASBESTOS CONTAMINATION (I.E. FIBERGLASS INSULATION, SHIPBOARD, VMT, OR OTHER MISCELLANEOUS)	AMOUNT (SPECIFY SF OR LF)	ABATEMENT TYPE	ABATEMENT TYPE	ABATEMENT TYPE	ABATEMENT TYPE
				REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
THROUGHOUT CONTROL ROOM & BASEMENT CT SCAN ROOM	N/A	BOTTOM LAYER WHITE FLOOR TILE (BELOW GREEN ROLLED FLOORING)	750 SF	YES	NO	NO	NO

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

Check 3651

3651

Date of Notification (1) 04/09/2026		Name of Building Owner/Operator (2) Gary Ruth		APR 23 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <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								
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												
City (5) Livingston, NJ 07039			Square Feet TBD	# of Floors 1	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)		ASCN No.	Name of Abatement Contractor (9) VEL Construction, LLC									
Street Address			Street Address 75 Voorhis Place									
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456									
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126								
Start Date (10) 04/09/2026	Scheduled Completion Date (11) 06/09/2026		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 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <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
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 06/09/2026		City, State Pen Argyl, PA								
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 04/09/2026						

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
Room 207, 20, 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, 203, 204	No	floor tile	3,220 SF	Removal
Hall East Wing	No	floor tile	840 SF	Removal
All Purpose Building	No	floor tile & mastic	2,000 SF	Removal

3653

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:420)

Check 3653

APR 23 2026

Date of Notification (1) 04/10/2026		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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <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							
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) 04/09/2026								
Scheduled Completion Date (11) 06/09/2026		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								
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		City, State, Zip Code								
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	
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 06/09/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez			Title Owner		Signature Lubica Perez			Date 04/10/2026		

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
Room 207, 20, 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, 203, 204	No	floor tile	3,220 SF	Removal
Hall East Wing	No	floor tile	840 SF	Removal
All Purpose Building	No	floor tile & mastic	2,000 SF	Removal
West Wing 200	No	pipe fittings	118	Wrap & cut

3652

PAID

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

Check 3652

Date of Notification (1) 04/10/2026		Name of Building Owner/Operator (2) APR 23 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 62 Linden Ave		City, State, Zip Code Park Ridge, NJ 07656				
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 62 Linden Ave			Square Feet 1,392	# of Floors 2	Bldg. Age 1900				
City (5) Park Ridge, NJ 07656		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Bergen									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 04/20/2026		Scheduled Completion Date (11) 04/27/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	60 LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 04/27/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 04/10/2026				

3654

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

Check 3654

APR 23 2026

Date of Notification (1) 04/10/2026		Name of Building Owner/Operator (2) FLIGHT SERV, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 601 Jack Stephan Way		ASSOCIATION OF CONTRACTORS & LICENSING				
			City, State, Zip Code Ewing Township, NJ 08628						
			Name of Contact Joseph DiDonato, Airport Maintenance		Telephone Number (609) 358-2819				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 601 Jack Stephan Way									
City (5) Ewing Township, NJ 08628			Square Feet TBD	# of Floors 2	Bldg. Age 1960				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) VHB		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address 1805 Atlantic Ave			Street Address 75 Voorhis Place						
City, State, Zip Code Manasquan, NJ 08736			City, State, Zip Code Ringwood NJ 07456						
Project Manager for Monitoring Firm Chris Glowacki, CIH, CIEC		Telephone No. 848-448-3126	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 04/20/2026		Scheduled Completion Date (11) 05/05/2026		Name of OSHA Monitor Willy Aviles					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 333 John St						
			City, State, Zip Code Elizabeth, NJ 07202						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Locker room/Men's bathroom		X		9x9 floor tiles	750 SF	X			
2nd Floor Hallway		X		9x9 floor tiles	775 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 05/05/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature <i>Lubica Perez</i>		Date 04/10/2026				

3642

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

PAID

RECEIVED

Check 3642

APR 23 2026

Date of Notification (1) 04/13/2026		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 181 Center Ave City, State, Zip Code Chatham, NJ 07928 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address 181 Center Ave City (5) Chatham, NJ 07928 County (6) Morris			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1,856 # of Floors 1 Bldg. Age 1954 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____					
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____ Telephone No. _____		Name of Abatement Contractor (9) VEL Construction, LLC Street Address 75 Voorhis Place City, State, Zip Code Ringwood NJ 07456 Telephone No. 201- 466-0166 License No. 02126					
Start Date (10) 04/22/2026 Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Scheduled Completion Date (11) 04/28/2026		Name of OSHA Monitor _____ 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"/> Wrap & cut procedure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X	duct insulation	20 SF	X				
Garage		X	duct insulation	2 SF	X				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 04/28/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 04/13/2026			

3644

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

Check 3644
 APR 23 2026

Date of Notification (1) 04/14/2026		Name of Building Owner/Operator (2) 152 Nsp Llc		APR 23 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 152 North St City, State, Zip Code Jersey City, NJ 07307		Telephone Number				
	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 152 North St			Square Feet 1,080	# of Floors 2	Bldg. Age 1890				
City (5) Jersey City, NJ 07307		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
County (6) Hudson									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126					
Start Date (10) 04/23/2026		Scheduled Completion Date (11) 04/29/2026		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	siding	2,000 SF	x				
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 04/29/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>					
				Date 04/14/2026					

3643

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

Check 3643

Date of Notification (1) 04/14/2026		Name of Building Owner/Operator (2) APR 23 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 21 McCollum Dr City, State, Zip Code Clark, NJ 07066 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address 21 McCollum Dr City (5) Clark, NJ 07066 County (6) Union		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1,718 # of Floors 1 Bldg. Age 1960 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) VEL Construction, LLC Street Address 75 Voorhis Place City, State, Zip Code Ringwood NJ 07456	Telephone No. _____ License No. _____ 201- 466-0166 02126						
Project Manager for Monitoring Firm _____ Telephone No. _____ Start Date (10) 04/15/2026 Scheduled Completion Date (11) 04/22/2026		Name of OSHA Monitor _____							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		floor tile	1,044 SF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 04/22/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez			Date 04/14/2026		

3655

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

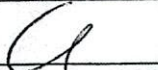
Check 3655
 APR 23 2026

Date of Notification (1) 04/15/2026		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 43 First St				City, State, Zip Code Raritan, NJ 08869		
				Name of Contact			Telephone Number		
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential					Type of Facility (4)				
Street Address 43 First 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) Raritan, NJ 08869					Square Feet 1,868	# of Floors 2	Bldg. Age 1900		
County (6) Somerset			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address					Street Address 75 Voorhis Place				
City, State, Zip Code					City, State, Zip Code Ringwood NJ 07456				
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201- 466-0166		License No. 02126		
Start Date (10) 04/30/2026		Scheduled Completion Date (11) 05/07/2026			Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One)					Street Address				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____					City, State, Zip Code				
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	75 LF	x			
Name of Registered Waste Hauler Century Waste Services			NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ			Disposal Date 05/07/2026		City, State Pen Argyl, PA				
Completed by Lubica Perez			Title Owner		Signature <i>Lubica Perez</i>			Date 04/15/2026	

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

10500

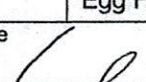
APR 22 2026

Date of Notification (1) 4/20/26		Name of Building Owner/Operator (2) City of Pleasantville								
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 18 N. First St.								
		City, State, Zip Code Pleasantville, NJ, 08232								
		Name of Contact Jagdish Patel	Telephone Number 201-866-0409							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Old 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 3 N. Main St.		Square Feet 1000+	# of Floors 2							
City (5) Pleasantville, NJ, 08232		Bldg. Age 50+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Old Store								
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address 617 Stokes Rd		Street Address PO Box 329								
City, State, Zip Code Medford, NJ, 08055		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211	Telephone No. 856-753-9800							
		License No. 00727								
Start Date (10) 5/04/26	Scheduled Completion Date (11) 5/15/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor			X	Gray & Tan 9x9 Floor Tile	2000 SF	X				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 5	Name of Registered Landfill ACUA						
City, State West Berlin NJ			Disposal Date 5/15/26	City, State Egg Harbor Twp, 08234						
Completed by Anthony T Perna		Title President	Signature 				Date 4/20/26			

10500

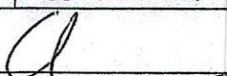
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

APR 22 2026

Date of Notification (1) 4/20/26		Name of Building Owner/Operator (2) City of Pleasantville								
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 18 N. First St.								
		City, State, Zip Code Pleasantville, NJ, 08232								
		Name of Contact Jagdish Patel	Telephone Number 201-866-0409							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Old 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 15 N. Main St.		Square Feet 1000+	# of Floors 2							
City (5) Pleasantville, NJ, 08232		Bldg. Age 50+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Old Store								
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address 617 Stokes Rd		Street Address PO Box 329								
City, State, Zip Code Medford, NJ, 08055		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211	Telephone No. 856-753-9800							
		License No. 00727								
Start Date (10) 5/04/26	Scheduled Completion Date (11) 5/15/26	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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 & 2nd Floor			X	12x12 Tile & Mastic	5000 SF	X				
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 10	Name of Registered Landfill ACUA						
City, State West Berlin NJ		Disposal Date 5/15/26		City, State Egg Harbor Twp, 08234						
Completed by Anthony T Perna		Title President	Signature 				Date 4/20/26			

10500

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

Date of Notification (1) 4/20/26		Name of Building Owner/Operator (2) City of Pleasantville		APR 22 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 18 N. First St.		Telephone Number 201-866-0409				
			City, State, Zip Code Pleasantville, NJ, 08232						
			Name of Contact Jagdish Patel						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old 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 17 N. Main St.			Square Feet 1000+	# of Floors 2	Bldg. Age 50+				
City (5) Pleasantville, NJ, 08232			Current Use (Prior if being demolished) Old Store						
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 617 Stokes Rd		Street Address PO Box 329							
City, State, Zip Code Medford, NJ, 08055		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 5/04/26	Scheduled Completion Date (11) 5/15/26		Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			x	12x12 Tile & Mastic	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 ACUA					
City, State West Berlin NJ		Disposal Date 5/15/26	City, State Egg Harbor Twp, 08234						
Completed by Anthony T Perna		Title President	Signature 		Date 4/20/26				

1341

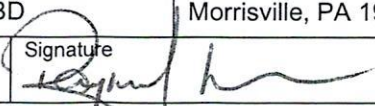
4340758

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

#6438

Check#033334, 6341

APR 6 2006

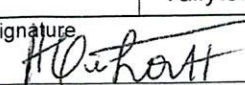
Date of Notification (1) 03-25-26		Name of Building Owner/Operator (2) NJDOT								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Squirrelwood Road Bridge over route 80							
			City, State, Zip Code Woodland Park Passaic County							
		Name of Contact Don Ocampo	Telephone Number 609-633-5627							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Route 80 Underpass Exit 56		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 Squirrelwood Road Exit		Square Feet Na	# of Floors Na							
City (5) Woodland Park		Bldg. Age Na								
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) WSP USA Inc		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
Street Address One Penn Plaza 250 West 34th Street		Street Address 200 Broad Street								
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072								
Project Manager for Monitoring Firm Leonid Abramov		Telephone No. (212)-760-5716	Telephone No. 201-939-6565							
			License No. 00756							
Start Date (10) 01-5-26 (2) HOLD (3) 03-30-26	Scheduled Completion Date (11) 7-30-26		Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue								
		City, State, Zip Code Long Island City, NY 11101								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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	
Route 80 Underpass			x	Transite Piping	(1)1600 LF	x				
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville, PA 19067						
Completed by Raymond Kinsella		Title Project Manager		Signature 			Date 03-25-26			

1049

4358153

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

RECEIVED

Date of Notification (1) 04/28/2026		Name of Building Owner/Operator (2) Fox & Foxx Development LLC		MAY 4 2026						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 940 Amboy Ave., Ste 101		City, State, Zip Code Edison, NJ, 08837					
			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 358 Durham Ave										
City (5) Metuchen, NJ 08840			Square Feet	# of Floors	Bldg. Age					
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) M&N Restoration LLC							
Street Address		Street Address 34 William Pl								
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 883-5645	License No. 02046						
Start Date (10) 05/08/2026		Scheduled Completion Date (11)		Name of OSHA Monitor M&N 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 34 William Pl							
			City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior siding of the house		+		asbestos containing cement siding (non friable)	2000 SF	+				
Name of Registered Waste Hauler Century		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S						
City, State Elizabeth, NJ		Disposal Date TBD	City, State Tullyton, PA							
Completed by Nevena Olcan		Title President	Signature 		Date 04/28/2026					

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

Rock

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

RECEIVED

Date of Notification (1) 04/28/2026		Name of Building Owner/Operator (2) Fox & Foxx Development LLC		MAY 7 2026	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		Street Address		
	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u>		940 Amboy Ave., Ste 101		
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Edison, NJ, 08837		
			Name of Contact		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 358 Durham 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) Metuchen, NJ 08840			Square Feet	# of Floors	Bldg. Age
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) M&N Restoration LLC		
Street Address			Street Address 34 William Pl		
City, State, Zip Code			City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 883-5645	License No. 02046	
Start Date (10) 05/15/2026		Scheduled Completion Date (11) 05/19/2026		Name of OSHA Monitor M&N Restoration LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 34 William Pl		
<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 Totowa, NJ 07512		

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

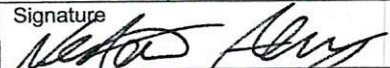
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler Century		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S	
City, State Elizabeth, NJ			Disposal Date TBD	City, State Tullyton, PA	
Completed by Nevena Olcan		Title President	Signature <i>[Signature]</i>		Date 05/05/2026

33102394872

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

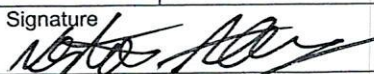
RECEIVED

Date of Notification (1) 04/30/2026		Name of Building Owner/Operator (2) MAY 13 2026								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Huron Avenue								
		City, State, Zip Code Jersey City, New Jersey 07306								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Condominium Association		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 Huron Avenue		Square Feet 255,000 SF	# of Floors 15							
City (5) Jersey City		Bldg. Age 1966								
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Condominium Association								
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) 05/04/2026	Scheduled Completion Date (11) 05/06/2026	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Basement will be vacated and under negative pressure.</u>		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input 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		Thermal Systems Insulation	100 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 Bro Landfill						
City, State North Arlington, New Jersey			Disposal Date TBD	City, State Easton, PA						
Completed by Nestor M. Alvez		Title Project Manager	Signature 			Date 04/30/2026				

55307087000

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

RECEIVED

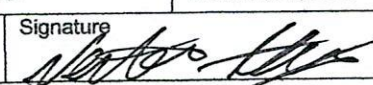
Date of Notification (1) 05/08/2026		Name of Building Owner/Operator (2) LNW&A Construction Corp.		MAY 13 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 Denny Road, Suite 1		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Wilmington, DE 19809						
			Name of Contact John Bowey	Telephone Number (302) 622-2734					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartments 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 255 E. Pearl Street			Square Feet 68,750 SF	# of Floors 5	Bldg. Age 1980				
City (5) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartments Building					
County (6) Burlington County									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting, LLC.						
Street Address		Street Address 54 Hedden Terrace							
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201) 790-4530	License No. 02047					
Start Date (10) 05/19/2026		Scheduled Completion Date (11) 09/25/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Entire floor will be vacated, 1 floor at time.</u>			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 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
Roof			X	Black Tar - RoofingCore	22,600 SF	X			
Original Flooring Throughout			X	Black Flooring Mastic	100,000 SF	X			
Original Flooring			X	Vinyl Floor Tile	60,325 SF	X			
Name of Registered Waste Hauler True Star Contracting, LLC.		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 210 CY	Name of Registered Landfill Chrin Bro Landfill				
City, State North Arlington, New Jersey				Disposal Date TBD	City, State Easton, PA.				
Completed by Nestor M. Alvez		Title Project Manager		Signature 		Date 05/08/2026			

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

55307683100

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

RECEIVED

Date of Notification (1) 05/11/2026		Name of Building Owner/Operator (2) MAY 13 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 43 Farley Avenue City, State, Zip Code Newark, New Jersey 07108		Telephone Number				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 43 Farley Avenue			Square Feet 3,635 SF	# of Floors 3	Bldg. Age 118 Years				
City (5) Newark		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home					
County (6) Essex County		Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) True Star Contracting, LLC.					
Street Address 43 Farley Avenue		Street Address 54 Hedden Terrace		City, State, Zip Code North Arlington, New Jersey 07031					
City, State, Zip Code Newark, NJ 07108		Telephone No. (201) 790-4530		License No. 02047					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 05/23/2026		Scheduled Completion Date (11) 05/25/2026		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	Thermal System Insulation	50 LF	X			
Name of Registered Waste Hauler True Star Contracting, LLC.		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 1 CY		Name of Registered Landfill Keystone Sanitary Landfill			
City, State North Arlington, New Jersey		Disposal Date TBD		City, State Dunmore, PA.					
Completed by Nestor M. Alvez		Title Project Manager		Signature 		Date 05/11/2026			

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

35307683083

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

RECEIVED

Date of Notification (1) 05/07/2026		Name of Building Owner/Operator (2) Carmen Garcia Ponce		MAY 13 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 526 Atlantic City Blvd		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Beachwood, New Jersey 08722						
			Name of Contact Carmen Garcia Ponce		Telephone Number (732) 278-2200				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Retail 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 526 Atlantic City Blvd			Square Feet 1,200 SF	# of Floors 1	Bldg. Age 1979				
City (5) Beachwood		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Retail Center					
County (6) Ocean County									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting, LLC.						
Street Address		Street Address 54 Hedden Terrace							
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201) 790-4530	License No. 02047					
Start Date (10) 05/16/2026		Scheduled Completion Date (11) 05/19/2026		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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	Asbestos VAT	96 SF	X			
1st Floor Bathroom			X	Asbestos VAT	48 SF	X			
Name of Registered Waste Hauler True Star Contracting, LLC.		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 1	Name of Registered Landfill Chrin Bro Landfill				
City, State North Arlington, New Jersey				Disposal Date TBD	City, State Easton, PA				
Completed by Nestor M. Alvez			Title Project Manager	Signature <i>Nestor Alvez</i>		Date 05/07/2026			

COMPLETED

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

4355004
RECEIVED

Date of Notification (1) 4/2/2026		Name of Building Owner/Operator (2) Sterling Properties		MAY 4 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		Street Address		
	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1		50 E Mt Pleasant Avenue		
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Livingston, NJ 07039		
			Name of Contact Rob Wyder		Telephone Number 908-797-8748

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Chase Bank			Type of Facility (4)		
Street Address 22-01 Fair Lawn Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Fair Lawn			Square Feet	# of Floors	Bldg. Age
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC		
Street Address			Street Address 41 Madison Avenue		
City, State, Zip Code			City, State, Zip Code Rochelle Park, NJ 07662		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381	License No. 02008	
Start Date (10) 4/13/2026		Scheduled Completion Date (11) 4/30/2026		Name of OSHA Monitor NorthEast Management LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 41 Madison Avenue		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Rochelle Park, NJ 07662		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			X	Joint Compound	2,416SF	x			
2nd Floor Boiler Room			X	Duct Insulation	210SF	x			
2nd Floor			X	Floor Tile	980SF	x			
1st Floor			X	Floor Tile	2,852SF	x			

Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ			Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska		Title Owner	Signature <i>S. Dimovska</i>		Date 4/2/2026

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

3524704840

PAID
 MAY 11 2026

Date of Notification (1) 05/07/2026		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 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 836 Newmans Lane
			City, State, Zip Code Bridgewater, NJ 08807
		Name of Contact Stephen Santurro	Telephone Number 908-722-1822

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hillside Intermediate School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 844 Brown Road		Square Feet 78240	# of Floors 2
City (5) Bridgewater		Bldg. Age 1920	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Educational	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) Spes Contracting
Street Address 3 Crosswicks Street		Street Address 59 Beaverbrook Rd. Ste 302 E	
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-807-6330
		License No. 01383	
Start Date (10) 06/19/2026	Scheduled Completion Date (11) 07/31/2026	Name of OSHA Monitor Spes Contracting	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 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"/> 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
Please see attached document.						x			

Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 60 CY	Name of Registered Landfill Tri State Transfer & Associates	
City, State Lincoln Park, NJ		Disposal Date TBD	City, State Bronx, NY		
Completed by Branislav Pavlov		Title General Manager	Signature 	Date 05/07/2026	

3529



PAID

3938184

RECEIVED Print Form

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

MAY 11 2026

Date of Notification (1) 4/17/2026 4/15/26		Name of Building Owner/Operator (2) BASF CORPORATION						
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 25 MIDDLESEX ESSEX TPKE		City, State, Zip Code ISLEIN NJ 08830						
Name of Contact Felix J. Spittler		Telephone Number 614-593-6647						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - 1STORY R&D BLDG		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 25 MIDDLESEX TPKE		Square Feet 20,000	# of Floors 1					
City (5) ISELIN		Bldg. Age 50+						
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL						
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No.	Name of Abatement Contractor (9) PRISM Response					
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701						
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235						
Project Manager for Monitoring Firm Felix Spittler		Telephone No. 614-593-6647	License No. 01121					
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor PRISM Response						
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 300 Penn Center Boulevard, Suite 701						
		City, State, Zip Code Pittsburgh, PA 15235						
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
See attached asbestos survey			X	See attached asbestos survey	X			
			X		X			
			X		X			
			X		X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Central New Jersey			Disposal Date	City, State Morrisville, Pennsylvania				
Completed by Jessica Wolfe		Title Administrative Support	Signature <i>Jessica Wolfe</i>		Date 4/15/2026			

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

Summary of Asbestos Materials

3 Story R&D Building		
ACM	Location/Description	Quantity
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic)	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 7,000 SF 2 nd Floor: 17,900 SF 3 rd Floor: 10,100 SF Penthouse: NA
1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 2,800 SF 2 nd Floor: 1,700 SF 3 rd Floor: 1,500 SF Penthouse: NA
Mastic Associated w/ 1'x1' Cream & Tan Chip Floor Tile	Throughout Hallway	1 st Floor: 2,000 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA
Mastic Associated w/ 1'x1' Beige w/ White & Dark Brown Smudge Floor Tile	Throughout South Exit Hallway	1 st Floor: 600 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA
3 Story R&D Building		
ACM	Location/Description	Quantity
Cementitious Pipe Fitting Insulation	Throughout Labs, Offices, Hallway & Utility Closets	1 st Floor: 265 Fittings 2 nd Floor: 200 Fittings 3 rd Floor: 12 Fittings Penthouse: 50 Fittings
Lab Bench/Tables/Drying Racks	Throughout Labs	1 st Floor: 1,300SF 2 nd Floor: 3,500 SF 3 rd Floor: 2,300 SF Penthouse: 10 SF
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1 st Floor: 1,380SF 2 nd Floor: 1,500 SF 3 rd Floor: 2,700 SF Penthouse: NA
Tar Floor Penetration Berms	Throughout Floor	Penthouse: 30 SF
Single Story R&D Building		
ACM	Location/Description	Quantity
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic)	Throughout Hallways (Border)	350 SF
1'x1' Floor Tile Red/Dark Red & White Speckled and Associated Mastic	Lab Room 30 and Hallway	60 SF

3

1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Hallways, Labs, & Offices	7,800 SF
Mastic Associated w/ Red/Light Red Floor Tile	Lab Rooms 31, 47A, 48	125 SF
Cementitious Pipe Fitting Insulation	Throughout Labs, Pilot Plant, Hallway & Basement 03	Fittings: 62 Basement: 250 Fittings on FIG Lines Roof Drains: (10)
Thermal System Pipe Insulation	Throughout Offices, Pilot Plant, Hallway & Basement 03	400 LF Basement: 650 LF w/Fittings
Lab Bench/Tables/Drying Racks	Throughout Labs	200 SF
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1,400 SF
Window/Metal Window Panel Glazing	Pilot Plant	202 Panels (4'x6')

Window Caulk	Between Exterior Window Frames and Brickwork	200 LF x 1"
Door Caulk	Between Exterior Door Frames and Brickwork	80 LF x 1"
Roof Perimeter Flashing	On Old Section Of Built Up Roof	450 SF (300 x 1½')
Interior Flashing	On Roof Fan and HVAC Unit Bases	300 SF
Tar Sealant	On Tops of Roof HYAC Units and Circular Duct Work	75 SF

Connector Building		
ACM	Location/Description	Quantity
Floor Mastic Associated w/ 1'x1' Red/Light Red Speckled Floor Tile	Room44A	160 SF
Cementitious Pipe Fitting Insulation	Room 44A, Hallway. Mechanical Room & Weld Shop	Fittings: 35

3528



PAID

3958184

RECEIVED

Print Form

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

MAY 11 2026

Date of Notification (1) 4/15/2026		Name of Building Owner/Operator (2) BASF CORPORATION						
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 25 MIDDLESEX ESSEX TPKE					
			City, State, Zip Code ISLEIN NJ 08830					
		Name of Contact Felix J. Spittler	Telephone Number 614-593-6647					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BASF CORPORATION - 3 STORY R&D BLDG		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 25 MIDDLESEX TPKE		Square Feet 50,000	# of Floors 3					
City (5) ISELIN		Bldg. Age 60+						
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL						
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No. _____	Name of Abatement Contractor (9) PRISM Response					
Street Address 3 Terri Lane, Suite 4		Street Address 300 Penn Center Boulevard, Suite 701						
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Pittsburgh, PA 15235						
Project Manager for Monitoring Firm Felix Spittler		Telephone No. 614-593-6647	Telephone No. 570-708-7776					
License No. 01121								
Start Date (10) 04/27/2026	Scheduled Completion Date (11) 06/30/2026	Name of OSHA Monitor PRISM Response						
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 300 Penn Center Boulevard, Suite 701						
		City, State, Zip Code Pittsburgh, PA 15235						
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
See attached asbestos survey			X	See attached asbestos survey	X			
			X		X			
			X		X			
			X		X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Central New Jersey		Disposal Date		City, State Morrisville, Pennsylvania				
Completed by Jessica Wolfe		Title Administrative Support		Signature <i>Jessica Wolfe</i>		Date 4/15/2026		

Summary of Asbestos Materials

3 Story R&D Building		
ACM	Location/Description	Quantity
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic)	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 7,000 SF 2 nd Floor: 17,900 SF 3 rd Floor: 10,100 SF Penthouse: NA
1'x1' Tan w/ White & Brown Streak Floor Tile & Mastic	Throughout Labs, Offices, Hallways & Stairwells	1 st Floor: 2,800 SF 2 nd Floor: 1,700 SF 3 rd Floor: 1,500 SF Penthouse: NA
Mastic Associated w/ 1'x1' Cream & Tan Chip Floor Tile	Throughout Hallway	1 st Floor: 2,000 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA
Mastic Associated w/ 1'x1' Beige w/ White & Dark Brown Smudge Floor Tile	Throughout South Exit Hallway	1 st Floor: 600 SF 2 nd Floor: NA 3 rd Floor: NA Penthouse: NA
3 Story R&D Building		
ACM	Location/Description	Quantity
Cementitious Pipe Fitting Insulation	Throughout Labs, Offices, Hallway & Utility Closets	1 st Floor: 265 Fittings 2 nd Floor: 200 Fittings 3 rd Floor: 12 Fittings Penthouse: 50 Fittings
Lab Bench/Tables/Drying Racks	Throughout Labs	1 st Floor: 1,300SF 2 nd Floor: 3,500 SF 3 rd Floor: 2,300 SF Penthouse: 10 SF
Fume Hood & Chemical Cabinet Lining (Transite)	Throughout Labs	1 st Floor: 1,380SF 2 nd Floor: 1,500 SF 3 rd Floor: 2,700 SF Penthouse: NA
Tar Floor Penetration Berms	Throughout Floor	Penthouse: 30 SF
Single Story R&D Building		
ACM	Location/Description	Quantity
1'x1' Floor Tile (Red w/ Long White Streaks and Associated Mastic)	Throughout Hallways (Border)	350 SF
1'x1' Floor Tile Red/Dark Red & White Speckled and Associated Mastic	Lab Room 30 and Hallway	60 SF

10549 Amended Notif. Action
Completion Date

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

Amended additional Material

new check 10549

Date of Notification (1) 4/27/26		Name of Building Owner/Operator (2) City of Atlantic City	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		Street Address 1301 Bacharach Blvd.
	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Atlantic City NJ 08401
			Name of Contact Anthony R. Cox
			Telephone Number 609-347-5660

MAY 22 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 108 Albion Place		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Atlantic City NJ 08401	Square Feet 1400+	# of Floors 2	Bldg. Age 35+
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 5/11/26	Scheduled Completion Date (11) 5/15/26 5/29/26	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of House			x	Transite Siding	2,100	x			
Living Room Fire Place			x	Transite Panel	1 SF	x			
East Wall under Stairs			2	Transite Siding	600 SF	x			

Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill Atlantic County MUA	
City, State West Berlin, NJ, 08091			Disposal Date 5/15/26	City, State Egg Harbor Township NJ 08234	
Completed by Anthony T Perna		Title President	Signature 		Date 4/27/26

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

11083

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

4365512
 RECEIVED

MAY 22 2026

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) MAY 22 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1959 Birchwood Park Drive North						
			City, State, Zip Code Cherry Hill, NJ 08003						
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address 1959 Birchwood Park Drive North			<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) Cherry Hill		Square Feet 2,425	# of Floors 3	Bldg. Age 56					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCAM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 05/21/2026		Scheduled Completion Date (11) 05/22/2026		Name of OSHA Monitor EMSL Analytical, 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: _____			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 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
Basement			Floor Tile	150 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Conestoga Landfill					
City, State Freehold, NJ		Disposal Date 05/22/2026		City, State Morgantown, PA					
Completed by Shannon Thomson		Title Operations Manager		Signature <i>Shannon Thomson</i>		Date 05/15/2026			

4746

1207289
RECEIVED
Check # 4746

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

Date of Notification (1) <u>5</u> / <u>15</u> / <u>26</u>		Name of Building Owner/Operator (2) Bishop Eustace Preparatory 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5552 Marlton Pike	
		City, State, Zip Code Pennsauken, NJ 08109	
		Name of Contact Facilities	Telephone Number 856-662-2100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bishop Eustace Preparatory 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 and commercial buildings, homes, etc.)	
Street Address 5552 Marlton Pike			
City (5) Pennsauken, NJ 08109	Square Feet 10,000	# of Floors 1	Bldg. Age 50
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) private school	

Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts, LLC		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.	
Street Address 117 N Black Horse Pike		Street Address 923 Haws Ave.		
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Norristown, PA 19401		
Project Manager for Monitoring Firm Mike Menz	Telephone No. 856-628-6020	Telephone No. 610-239-9920	License No. 00398	

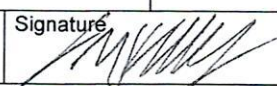
Start Date (10) <u>6</u> / <u>1</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>12</u> / <u>26</u>	Name of OSHA Monitor Plymouth Environmental Co., Inc.
--	--	---

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: 7:00AM-3:30pmPM / _____ PM - _____ AM	Street Address 923 Haws Ave
	City, State, Zip Code Norristown, PA 19401

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
dining hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	825SF	<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"/>

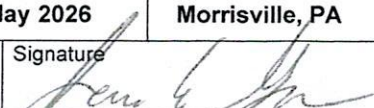
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 5CY	Name of Registered Landfill Grows	
City, State Voorhees, NJ 08043		Disposal Date 6/12/26	City, State Morrisville, NJ		
Completed By (Print or Type) James M. Kelly	Title Vice President	Signature 		Date 5/15/2026	

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

3936747
RECEIVED

1453 CK# 1483

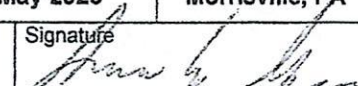
MAY 22 2026

Date of Notification (1) 05 / 18 / 26		Name of Building Owner/Operator (2) RWJ Barnabas Health							
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 94 Old Short Hills Road							
		City, State, Zip Code West Orange, NJ 07502							
		Name of Contact Ron Carvalho as agent	Telephone Number 908-208-3060						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clara Maass 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 (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Clara Maass Drive									
City (5) Belleville	Square Feet 40,000	# of Floors 4	Bldg. Age 68 + yrs.						
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions						
Street Address 64 Broad Street		Street Address P.O. Box 11							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-868-3323						
License No. 02115									
Start Date (10) 05 / 20 / 26	Scheduled Completion Date (11) 05 / 31 / 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		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
4th Floor East, L&D Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum/Floor Tile/Mastic	525 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor East, L&D Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5 yds.	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date May 2026		City, State Morrisville, PA					
Completed By (Print or Type) James E Unger		Title President	Signature 			Date 5-18-26			

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

CK # 1480

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

Date of Notification (1) 05 / 08 / 26		Name of Building Owner/Operator (2) RWJ Barnabas Health							
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 94 Old Short Hills Road		Telephone Number 908-208-3060				
			City, State, Zip Code West Orange, NJ 07502						
			Name of Contact Ron Carvalho as agent						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clara Maass 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 (i.e., private and commercial buildings, homes, etc.)						
Street Address 1 Clara Maass Drive			Square Feet 40,000	# of Floors 4	Bldg. Age 68 + yrs.				
City (5) Belleville		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Hospital					
County (6) Essex									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions						
Street Address 64 Broad Street		Street Address P.O. Box 11							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Cedar Grove, NJ 07009							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-868-3323	License No. 02115					
Start Date (10) 05 / 20 / 26		Scheduled Completion Date (11) 05 / 31 / 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 - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM <input checked="" type="checkbox"/> Unoccupied Under Construction Space			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
4th Floor East, L&D Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum/Floor Tile/Mastic	525 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5 yds.	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date May 2026		City, State Morrisville, PA					
Completed By (Print or Type) James E Unger		Title President	Signature 		Date 5-8-26				

2961

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

U358529

RECEIVED

Proj. #: 26-79

MAY 22 2026

Date of Notification (1) 05/15/2026		Name of Building Owner/Operator (2) City of Elizabeth	
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 50 Winfield Scott Plaza	
		City, State, Zip Code Elizabeth, NJ 07205	
		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 50 Winfield Scott Plaza			Square Feet	# of Floors	Bldg. Age
City (5) Elizabeth, NJ 07205			2,100 SF	02	85
County (6) Union			Current Use (Prior if being demolished) Residential		
County Code (7) (State use only)					

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	License Number	
			833-455-6629	02007	
Start Date (10) 05/16/2026		Sched. Completion Date (11) 05/18/2026			
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					
Name of OSHA Monitor KLOMAX, LLC					
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 HEALTH DEPT. DIRECTOR'S OFFICE		X		Pipe Insulation	5 LF	X			

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 05/15/2026
---	--------------------	---------------	--------------------

2960

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

U363881

Proj. #: 26-82

RECEIVED

MAY 22 2026

Date of Notification (1) 10 15 1/18 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 Prospect Street	
		City, State, Zip Code Ramsey, NJ 07446	
		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 110 Prospect Street			Square Feet 2,100 SF	# of Floors 02	Bldg. Age 101
City (5) Ramsey, NJ 07446	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 144 US Highway 46		
City, State, Zip Code			City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 833-455-6629	License Number 02007	
Start Date (10) 05/29/2026	Sched. Completion Date (11) 06/01/2026		Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours			Street Address 144 US Highway 46		
			City, State, Zip Code Budd Lake, NJ 07828		

Scope of Work (check all that apply)

<input 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		X		Pipe Insulation	75 LF	X			

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 05/18/2026	

30570

UB63925

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

RECEIVED

MAY 26 2026

Date of Notification (1) 5/22/2026		Name of Building Owner/Operator (2) Piscataway Township	
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 455 Hoes Lane	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Marcin Kania	Telephone Number 609-480-0689

ASBESTOS CONTROL & LICENSING

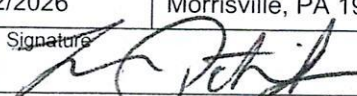
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Abandoned 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 1074 River Rd		Square Feet 2273	# of Floors 3
City (5) Piscataway		Bldg. Age 72	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Residence	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No. 00079	Name of Abatement Contractor (9) National Flooring Removal L.L.C.
Street Address Building 35E, 20-21 Wagaraw Rd		Street Address PO Box 58	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Augusta, NJ 07822	
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	Telephone No. 973-919-5743
		License No. 02093	
Start Date (10) 6/1/2026	Scheduled Completion Date (11) 6/19/2026	Name of OSHA Monitor N/A	
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: Abandoned house set for demolition		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
Basement			x	Floor tile, joint compound	1500	x			
1st Floor			x	Joint compound, flooring	1200	x			
2nd floor			x	Joint compound	1200	x			
Flat Deck Roof			x	Roof asphalt	150	x			

Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 322797	Cubic Yards of Waste 40	Name of Registered Landfill WM - Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date 6/22/2026		City, State Morrisville, PA 19067	
Completed by Timothy Patrick		Title CEO	Signature 		Date 5/22/2026

10558

* Emergency *

41530000

RECEIVED

Print Form

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

CR 10558

MAY 28 2026

Date of Notification (1)
5/21/26

Name of Building Owner/Operator (2)
Shore Medical Center

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
100 Medical Center Way

City, State, Zip Code
Somers Point NJ 08244

Name of Contact
Robert Robertson

Telephone Number
609-653-4607

Name of Facility Where Abatement is Taking Place (3)
Shore Medical Center Whitby Building

Street Address
100 Medical Center Way

City (5)
Somers Point NJ 08244

County (6)
Atlantic

County Code (7) (STATE USE ONLY)

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

Square Feet
1000+

of Floors
5

Bldg. Age
50+

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
5/22/26

Scheduled Completion Date (11)
5/23/26

Name of OSHA Monitor
Same

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

Street Address

City, State, Zip Code

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathrooms 2nd Floor			X	Pipe Elbows	16 LF	X			

Name of Registered Waste Hauler
Pernaco Inc

NJDEP Waste Hauler ID No.
21787

Cubic Yards of Waste
1

Name of Registered Landfill
Atlantic County Landfill

City, State
Berlin NJ

Disposal Date
5/26/26

City, State
Egg Harbor Township

Completed by
Anthony T Perna

Title
President

Signature

Date
5/21/26

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

1193

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

2940911
CR 1193
RECEIVED

Date of Notification (1) 05 / 13 / 26		Name of Building Owner / Operator (2) PASSAIC VALLEY SEWAGE COMMISSION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 600 WILSON AVENUE City, State, Zip Code NEWARK, NJ 07105	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact PATRICK O'CONNOR	Telephone Number 201.206.5568

MAY 14 2026

ENVIRONMENTAL CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PVSC SUPPORT 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 bldgs., homes, etc.)		
Street Address 600 WILSON AVENUE			Square Feet 20,000		
City (5) NEWARK		County (6) ESSEX	County Code (7)	# Of Floors 3	Building Age 80 +
Current Use (Prior if being demolished) INDUSTRIAL					

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 East Hanover, NJ 07936		
City, State, Zip Code SPARTA, NJ 07871		Project Mngr. For Monitoring Firm JP von DOEHREN	Telephone Number 973-729-5649	Telephone Number 973-772-3660	
Sched. Start Date (10) 06 / 15 / 26		Sched. Completion Date (11) 09 / 15 / 26		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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf	<input type="checkbox"/> Mini - Enclosure	<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<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			
				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
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WATERPROOFING	15,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input 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	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL		
City, State EAST HANOVER, NJ 07936		Disposal Date	City, State MORRISVILLE, PA			

Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 05/13/26
---	--	--------------------------	-----------------------------------	--	------------------

38117051976

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

RECEIVED

Print Form

Date of Notification (1) 5/19/2026		Name of Building Owner/Operator (2) Federal Reserve Bank of New York		MAY 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 32 Liberty Pl		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code New York, NY 10038		Telephone Number 347-503-6918					
		Name of Contact Albert Acevedo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FRBNY Cash Services 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 15 Mountainview Rd			Square Feet 535,000	# of Floors 5	Bldg. Age 43				
City (5) Warren		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Office building					
County (6) Somerset									
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No. 00099	Name of Abatement Contractor (9) Vollers Excavating & Construction, Inc						
Street Address 1 University Square, Suite 110		Street Address 3311 Route 22 East							
City, State, Zip Code Princeton, NJ 08540		City, State, Zip Code North Branch, NJ 08876							
Project Manager for Monitoring Firm Craig Napolitano		Telephone No. 646-210-6500	Telephone No. 908-725-1026	License No. 02133					
Start Date (10) 6/3/2026		Scheduled Completion Date (11) 6/17/2026		Name of OSHA Monitor Nick Wahba					
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>Structure demolished, currently a construction site</u>			Street Address 3311 Route 22 East						
			City, State, Zip Code North Branch, NJ 08876						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Sewer pipe system			X	Transite pipes, tar/mastic coating	2730 LF	X			
Name of Registered Waste Hauler Mazza Recycling Services		NJDEP Waste Hauler ID No. 36891	Cubic Yards of Waste 140	Name of Registered Landfill WM Fearless Landfill					
City, State Tinton Falls NJ		Disposal Date multiple		City, State Morrisville PA					
Completed by Chris Bergues		Title Director of EHS	Signature <i>[Signature]</i>		Date 5/19/2026				

13713

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

B & G Project # 2026-80

Check # 13713
RECEIVED

Date of Notification (1) 05/22/2026		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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 267 Kings Road								
		City, State, Zip Code Madison, NJ 07940								
		Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 267 Kings 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) Madison		Square Feet	# of Floors							
County (6) Morris		Current Use (Prior if being demolished) residential								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378							
Start Date (10) 06/02/2026	Scheduled Completion Date (11) 06/03/2026	Name of OSHA Monitor B & G Restoration, 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 checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 1234 Route 23								
		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
laundry room & closet			X	pipe insulation	18 LF	X				
laundry room & closet			X	pipe substrate	35 LF			X		
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 06/03/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>				Date 05/22/2026		

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

8618

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

RECEIVED

MAY 29 2026

Date of Notification (1) 05/25/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 3 Pine Cone Lane							
		City, State, Zip Code Sparta NJ, 07871							
		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 9 Larkspur Lane		Square Feet	Bldg. Age						
City (5) Lawrence Twp		# of Floors							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200						
Start Date (10) 06/08/2026	Scheduled Completion Date (11) 06/08/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Pipe	30 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 06/08/2026	City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 05/25/2026				

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

06/17

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

RECEIVED

MAY 29 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/25/2026		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 131							
		City, State, Zip Code Caldwell NJ, 07006							
Name of Contact			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 22 Arlington 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) Caldwell		Square Feet		# of Floors	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200					
Start Date (10) 06/04/2026		Scheduled Completion Date (11) 06/04/2026		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One)			Street Address 6 White Dove Court						
<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: _____			City, State, Zip Code Lakewood, NJ, 08701						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Interior				Pipe Insulation	20 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 06/04/2026	City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 05/25/2026				

11971

Check # 11971

Print Form



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

RECEIVED

Date of Notification (1) MAY 26, 2026		Name of Building Owner/Operator (2) TAP REALTY						
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 87 OLD CAMPLAIN ROAD MAY 28 2026					
			City, State, Zip Code HILLSBOROUGH TWP., NJ 08844					
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 120 FOOTHILL ROAD		Square Feet	# of Floors 2					
City (5) BOUND BROOK, NJ 08805		Bldg. Age 60+-						
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SINGLE FAMILY DWELLING						
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC					
Street Address P.O. BOX 337		Street Address P.O. BOX 337						
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533						
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	Telephone No. 609-744-6384					
		License No. 00394						
Start Date (10) JUNE 8, 2026		Scheduled Completion Date (11) JUNE 12, 2026						
Name of OSHA Monitor EPC TECHNOLOGIES, INC.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. BOX 337						
		City, State, Zip Code NEW EGYPT, NJ 08533						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <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
BASEMENT		XXX	PAPER WRAP AIR DUCTS	45 LF	XXX			
1ST FLOOR AREA		XXX	PAPER WRAP AIR DUCTS	30 LF	XXX			
EXTERIOR WINOWS			WINDOW CAULK/GLAZE	14 EACH	XXX			
CHIMNEY			TAR FLASHING	6 SF	XXX			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill FAIRLESS LANDFILL				
City, State NEWW EGYPT, NJ		Disposal Date 6/12/26		City, State MORRISVILLE, PA				
Completed by STEVE SCHENKER		Title PRESIDENT	Signature <i>Steve Schenker</i>		Date 5/26/26			

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

13712



PAID

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

RECEIVED

Check # 18712

B & G Project # 2026-68

MAY 26 2026

Date of Notification (1) 05/22/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 641 Greenway Place	
		City, State, Zip Code River Vale, NJ 07675	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 641 Greenway Place		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) River Vale		Square Feet	# of Floors
County (6) Bergen		Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address		Street Address 1234 Route 23	
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378
Start Date (10) 06/01/2026	Scheduled Completion Date (11) 06/04/2026	Name of OSHA Monitor B & G Restoration, 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 Other - Describe: <u>occupied</u>		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	

Scope of Work (Check All That Apply)

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

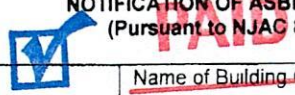
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ground floor family room & office			X	VAT & mastic	392 SF	X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 06/04/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature Gordana Luna		Date 05/22/2026

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

1290

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



Check# 1290

RECEIVED

Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) 103 6th Street City, State, Zip Code Wood-Ridge, NJ, 07075	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Telephone Number ASBESTOS CONTROL & LICENSING	

MAY 26 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4)	
Street Address 103 6th 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) Wood-Ridge, NJ, 07075		Square Feet	# of Floors
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Road#283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-356-3511	License No. 01127
Start Date (10) 05/31/2026	Scheduled Completion Date (11) 06/02/2026	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg.# 35 E	
<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 Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	50 LF	x			
Basement			x	VAT floor tiles	330 SF	x			
2nd floor-two bedrooms and hallway			x	VAT floor tiles	410 SF	x			

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed by G.Ristanovic	Title Owner	Signature Gradimir Ristanovic		Date 05/21/2026	

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

1324

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

RECEIVED

Date of Notification (1) May 26, 2026		Name of Building Owner/Operator (2)								
Agencies Notified		Type Notification		Street Address						
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	52 Federal City Rd						
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			Ewing NJ, 08638						
				Name of Contact						
				Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4)							
Street Address 52 Federal City Rd			<input type="checkbox"/> School (K-12)							
City (5) Ewing NJ, 08638			<input type="checkbox"/> Subchapter 8 (Other than K-12)							
County (6) Mecer			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County Code (7) (STATE USE ONLY)		Square Feet N/A		# of Floors N/A	Bldg. Age N/A					
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) house							
Street Address		ASBESTOS CONTROL & LICENSING		Name of Abatement Contractor (9) D&S Abatement Company LLC						
City, State, Zip Code		Telephone No.		Street Address 329 Parish Dr						
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470						
Start Date (10) 06/04/2026	Scheduled Completion Date (11) 06/08/2026	Telephone No. 973-345-8685	License No. 02097	Name of OSHA Monitor D&S Abatement Company LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 329 Parish Dr							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Wayne, NJ 07470							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours										
<input checked="" type="checkbox"/> Other - Describe: non-occupied										
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure						
				<input type="checkbox"/> Glovebag Procedure						
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		VAT	840	X				
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309		Cubic Yards of Waste TBD		Name of Registered Landfill TRRF				
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Dejan Antic Dopsaj		Title President		Signature 			Date 05/26/2026			

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

295

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

Check# 1295

RECEIVED

Date of Notification (1) 06/01/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	8 Bennington Road City, State, Zip Code Morristown, NJ 07960	
		Name of Contact _____ Telephone Number _____	

JUN - 3 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4)	
Street Address 8 Bennington Road		<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) Morristown, NJ 07960		Square Feet	# of Floors
County (6) Morris		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Road#283	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 06/02/2026		973-356-3511	01127
Scheduled Completion Date (11) 06/08/2026		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg.# 35 E	
<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 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 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
Attic			x	Vermiculite insulation	640 SF	x			

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed by G.Ristanovic		Title Owner	Signature Gradimir Ristanovic		Date 06/01/2026

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

13720

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

B & G Project # 2026-74

Check # 13720

RECEIVED

Date of Notification (1) 05/28/2026		Name of Building Owner/Operator (2) PAID								
Agencies Notified	Type Notification	Street Address								
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	62 James Street								
		City, State, Zip Code Montclair, NJ 07042								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Street Address 62 James 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 & commercial buildings, homes, etc.)								
City (5) Montclair, NJ 07042		Square Feet	# of Floors							
County (6) Essex		Current Use (Prior if being demolished) residential								
County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) B & G Restoration, Inc.								
Name of Monitoring Firm Hired by Building Owner (8)		Street Address 1234 Route 23								
Street Address		City, State, Zip Code Butler, NJ 07405								
City, State, Zip Code		Telephone No. 973-696-6869	License No. 00378							
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor B & G Restoration, Inc.								
Start Date (10) 06/08/2026	Scheduled Completion Date (11) 06/10/2026	Street Address 1234 Route 23								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
first floor dining room area			X	ceiling plaster	130 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 06/11/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna			Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date 05/28/2026		

13723

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

B & G Project # 2026-77

Check # 13723

Date of Notification (1) 05/28/2026		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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 159 Manning Avenue		City, State, Zip Code River Edge, NJ 07661								
Name of Contact		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)								
Street Address 159 Manning 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) River Edge, NJ 07661		Square Feet	# of Floors							
County (6) Bergen		Current Use (Prior if being demolished) residential								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378							
Start Date (10) 06/10/2026	Scheduled Completion Date (11) 06/12/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply)		<input type="checkbox"/> Wrap and Cut <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								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement			X	VAT & mastic	266 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 06/13/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date 05/28/2026			

RECEIVED

JUN - 1 2026

ASBESTOS CONTROL & CLEANUP

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

436408

RECEIVED

Date of Notification (1) May 26, 2026		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 114 Oak St								
		City, State, Zip Code Old Bridge NJ 08857								
		Name of Contact								
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 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 114 Oak St		Square Feet N/A	# of Floors N/A							
City (5) Old Bridge NJ 08857		Bldg. Age N/A								
County (6) Middlesex	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) 06/05/2026	Scheduled Completion Date (11) 06/07/2026	Name of OSHA Monitor D&S Abatement Company 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 checked="" type="checkbox"/> Other - Describe: <u>non-occupied</u>		Street Address 329 Parish Dr								
		City, State, Zip Code Wayne, NJ 07470								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input 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	
Basement		X		VAT	220	X				
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF						
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Dejan Antic Dopsaj		Title President	Signature				Date 05/26/2026			

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

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

RECEIVED

JUN - 1 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/29/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 413 1/2 Lareine Avenue	
		City, State, Zip Code Bradley Beach, NJ, 07720	
		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 413 1/2 Lareine Avenue		Square Feet	# of Floors	Bldg. Age
City (5) Bradley Beach		Current Use (Prior if being demolished)		
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) AAA Lead Professionals		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Street Address 6 White Dove Court	
Street Address		City, State, Zip Code Lakewood, NJ, 08701		
City, State, Zip Code		Telephone No. 732-719-5649	License No. 1200	
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor AAA Lead Professionals		
Start Date (10) 06/09/2026	Scheduled Completion Date (11) 06/09/2026	Street Address 6 White Dove Court		
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: _____		City, State, Zip Code Lakewood, NJ, 08701		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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
Interior				Pipe Insulation	80 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Lead Professionals Inc	NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste	Name of Registered Landfill IESI	
City, State Lakewood, NJ		Disposal Date 06/09/2026	City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature 	Date 05/29/2026	


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

430

CK 430
RECEIVED

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

JUN 4 2026

Date of Notification (1) <u>5/19/2026</u>		Name of Building Owner/Operator (2) <u>B&B Excavating</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1902 New York Ave</u>								
		City, State, Zip Code <u>North Wildwood, NJ 08260</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>202 W. Park Ave</u>		Square Feet <u>1800sf</u>	# of Floors <u>2</u>							
City (s) <u>Vineland</u>		Bldg. Age <u>45 yrs</u>								
County (6) <u>Cumberland</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)	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>5/30/26</u>	Scheduled Completion Date (11) <u>6/6/26</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 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 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	Encapsulation	Enclosure	
<u>Two Sides of House</u>			<u>X</u>	<u>Transite Shingles</u>	<u>1300 sf</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>NJ</u>						
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature 				Date <u>5/19/26</u>		

20357



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

RECEIVED

Date of Notification (1) 05 / 27 / 26		Name of Building Owner/Operator (2) PT Construction		20357					
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 61 Blue Heron Drive South							
		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 37 Osprey Drive			Square Feet 1200	# of Floors 1	Bldg. Age 80				
City (5) Toms River		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
County (6) Ocean		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		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) 06 / 08 / 26		Scheduled Completion Date (11) 06 / 10 / 26		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 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	1150 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 06/10/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 5/27/26			

0199

PAID State Of New Jersey

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

RECEIVED

Date of Notification: 04/13/26		Name of Building owner						
Agency Notified EPA DEP X DOL X DOH	Type Notification X Initial Amended Emergency (including Justification) Extended	Street Address: 2382 Longfellow Ave						
		City, State, Zip Scotch Plains NJ 07076						
		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 2382 Longfellow Ave		Square Feet 2000	# of Floors 02					
City Scotch Plains		Bldg. Age 45						
County (6) Union	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 04/22/26	Scheduled completion Date 04/25/26	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"/> X Renovation Demolition <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Closure <input type="checkbox"/> Glovebag Procedure						
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				Removal	Repair	Encapsulate		
Floor tiles and mastic in basement	Ye s	No X	N/ A	VAT/ACM	460 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 04/28/26	City, WAYNESBURG OHIO					
Completed by Gustavo Ordon	Title President	Signature 	04/13/26					

MAY 28 2026

ASBESTOS CONTROL & LICENSE

13714



PAID

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

Check # **13714** **RECEIVED**

B & G Project # 2026-72

Date of Notification (1) 05/22/2026		Name of Building Owner/Operator (2) MAY 26 2026	
Agencies Notified	Type Notification	Street Address 31 Windsor Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07012	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 31 Windsor 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) Clifton		Square Feet	# of Floors
County (6) Passaic		Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address		Street Address 1234 Route 23	
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378
Start Date (10) 06/04/2026	Scheduled Completion Date (11) 06/05/2026		Name of OSHA Monitor B & G Restoration, 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 Other - Describe: occupied		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf Renovation
 ≥160 sf or ≥260 lf Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
closet area			X	pipe insulation	1 LF	X			
boiler room & closet			X	contaminated fiberglass insul	50 LF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 06/05/2026	City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 05/22/2026

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

13717

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

B & G Project # 2026-76

Check # 13717

Date of Notification (1) 05/26/2026		Name of Building Owner/Operator (2) 11 Windsor Place	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	11 Windsor Place	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Upper Montclair, NJ 07043	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

MAY 28 2026

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) 11 Windsor Place		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
11 Windsor Place		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Upper Montclair, NJ 07043		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) residential	
ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address	
		1234 Route 23	
City, State, Zip Code		City, State, Zip Code	
		Butler, NJ 07405	
Project Manager for Monitoring Firm		Telephone No.	License No.
		973-696-6869	00378
Start Date (10) 06/05/2026	Scheduled Completion Date (11) 06/06/2026	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		1234 Route 23	
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
Other - Describe: <u>occupied</u>		Butler, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room & closet			X	pipe insulation	70 LF	X			

Name of Registered Waste Hauler B & G Restoration Inc.	NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Butler, NJ	Disposal Date 06/06/2026	City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 05/26/2026

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

RECEIVED

Check 9430
MAY 28 2026

Date of Notification (1) 5/21/26 Type Notification		Name of Building Owner / Operator (2)			
Agencies Notified EPA DEP X DOL X DOH DCA	Emergency Notification X Initial Notification Amended Notification Cancellation		Street Address 15 Ontario Ave City, State & Zip Code Atlantic Highlands, NJ 07716 Name of Contact 		ASBESTOS CONTROL & LICENSING Telephone Number
	FACILITY INFORMATION				
	Name of Facility Where Abatement is Taking Place (3) Residence Street Address 15 Ontario Ave		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)		
	City (5) Atlantic Highlands	County (6) Monmouth	County Code (7)	Square Feet 2200	# of Floors 2
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) 6/2/26	Scheduled Completion Date (11) 6/2/26		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address P.O. Box 7620 City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure X Other: Non-friable					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Basement	N/A	Duct seam	8LF	Removal	
Basement	N/A	Transite panel	30SF	Removal	
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 3	Name of Registered Landfill Conestoga	
City, State Freehold, NJ		Disposal Date 6/3/26	City, State Morgantown, PA		
Completed By (Print or Type) Dominick Tringali		Title Pres.	Signature Dominick Tringali		Date 5/21/26

9413 Return

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

RECEIVED

ck 9413
MAY 26 2026

Date of Notification (1) 5/19/26/26 Type Notification		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	<input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 32 Oxford Lane	
		City, State & Zip Code Aberdeen, NJ 07747	
		Name of Contact	
		Telephone Number	

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 32 Oxford Lane			Square Feet 3,000	# of Floors 2	Bldg. Age 60+
City (5) Aberdeen	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Residential		
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) 6/5/26	Scheduled Completion Date (11) 6/8/26		Name of OSHA Monitor Global Abatement Services, LLC		
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: 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
Quantity is ≥ 3 SF or ≥ 3 LF ACM		Glovebag Procedure
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Other: Non-friable

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Exterior	N/A	Transite siding	1,000	Removal

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 8	Name of Registered Landfill Conestoga	
City, State Freehold, NJ		Disposal Date 6/9/26		City, State Morgantown, PA	
Completed By (Print or Type) Dominick Tringali		Title President	Signature <i>Dominick Tringali</i>		Date 5/19/26

1097

PAID
 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

MAY 29 2026

Date of Notification (1): 5/26/2026		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 Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 392 Maple Street	
		City, State, Zip Code: Haworth, NJ 07641	
		Name of Contact:	Telephone Number:

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility: 392 Maple Street			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.)	
392 Maple Street			Square Feet: # of Floors:	
City/ (5) Haworth	County (6): Bergen	County Code (7): 07641	Bldg. Age Current Use: House	
Name of Monitoring Firm Hired by Building Owner:		ASCM No.:	Name of Abatement Contractor (9): Apex Development, Inc.	
Street Address:			Street Address: 358 Broadway	
City, State, Zip Code:			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm:		Telephone No.:	Telephone No.:	License No.:
			(973) 350-0101	01215
Start Date (10): 06/05/2026	Scheduled Completion Date (11): 06/30/2026		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: <u>un-occupied</u>			Street Address: 255 West 36th 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"/> 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	Encapsulat	Enclosure
EXTERIOR		X		TRANSITE SIDING	3,500 SF	*			

Name of Registered Waste Hauler: Century Waste Service/Apex Development, Inc.		NJDEP Waste Hauler ID No.: 04509/0035729	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: 	Date: 05/26/2026

0061

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

0061



RECEIVED

Date of Notification (1) 6-3-26		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 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 1-GRANGE COURT	
		City, State, Zip Code TEANECK, NJ	
		Name of Contact _____ Telephone Number _____	

JUN - 8 2026

ASBESTOS ABATEMENT & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 1-GRANGE COURT		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) TEANECK		Square Feet 120	# of Floors 1
County (6) BERGEN		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DINAGO ENTERPRISES, LLC.
Street Address		Street Address 203-RYAN ST.	
City, State, Zip Code		City, State, Zip Code HILLSIDE, NJ 07205	
Project Manager for Monitoring Firm		Telephone No. 201-341-0776	License No. 01240
Start Date (10) 6-14-26	Scheduled Completion Date (11) 6-15-26	Name of OSHA Monitor	
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)

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

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

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 04516	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill	
City, State 623-Dowd Ave. Elizabeth, NJ 07201			Disposal Date	City, State Morrisville, PA.	
Completed by CARLOS GOMES		Title PRESIDENT	Signature 		Date 6-3-26



PAID

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

JUN - 5 2026

Date of Notification (1) 5 / 21 / 26		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 Reigate Road	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 31 Reigate Rd		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) Bloomfield	Square Feet 1352	# of Floors 2	Bldg. Age 75
County (6) Essex	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) 5 / 26 / 26	Scheduled Completion Date (11) 5 / 27 / 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/kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	320SF	<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 4	Name of Registered Landfill Fairless Landfill
City, State Brick, NJ		Disposal Date 5/28/26	City, State Morrisville, PA

Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 5/21/26
--	--------------------	---------------	-----------------

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

RECEIVED

JUN - 5 2026

Date of Notification (1) 5 / 26 / 26		Name of Building Owner/Operator (2)							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Ilene Ct, Building 6, Unit 7 City, State, Zip Code Hillsborough, NJ 08844 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 64 N Edward St		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) Sayreville	Square Feet 1056	# of Floors 1	Bldg. Age 71						
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) Indoor Air Services	ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 2015 Old York Road		Street Address PO Box 915							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Tom Worrell	Telephone No. 609-351-1362	Telephone No. 7328997499	License No. 01196						
Start Date (10) 5 / 27 / 26	Scheduled Completion Date (11) 5 / 28 / 26	Name of OSHA Monitor Indoor Air 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 - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 2015 Old York Road City, State, Zip Code Burlington, NJ 08016							
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
Playroom/laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playroom/laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	500SF	<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 4	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 5/29/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President	Signature 			Date 5/20/26			

4245

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

RECEIVED

Date of Notification (1) 5 / 28 / 26		Name of Building Owner/Operator (2) Holiday City Assoc., Phase One - 2170 Yorktowne Blvd Toms River NJ c/o Towne & Country Management	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Menlo Park Dr	
		City, State, Zip Code Edison, NJ 08837	
		Name of Contact	Telephone Number

JUN - 5 2026

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 2170 Yorktown Blvd		Square Feet 3000	# of Floors 1
City (5) Toms River		Bldg. Age 60	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Clubhouse	
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 07762		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) 5 / 29 / 26	Scheduled Completion Date (11) 6 / 2 / 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 07762	

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
Main room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drywall and joint compound ceiling	1500SF	<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 20	Name of Registered Landfill Fairless Landfill	
City, State Brick, NJ		Disposal Date 6/3/26	City, State Morrisville, PA		
Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 5/28/26		

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

B & G Project # 2026-76

Check # N/A

RECEIVED

Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2) 11 Windsor Place	
Agencies Notified	Type Notification	Street Address 11 Windsor Place	
<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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Upper Montclair, NJ 07043	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 11 Windsor Place		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 11 Windsor Place		Square Feet	# of Floors
City (5) Upper Montclair, NJ 07043		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address		Street Address 1234 Route 23	
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378
Start Date (10) 06/05/2026	Scheduled Completion Date (11) 06/06/2026	Name of OSHA Monitor B & G Restoration, 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>occupied</u>		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 70 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
laundry room, boiler room & closet			X	pipe insulation		X			

Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 06/06/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 06/04/2026

Emergency Amendment #2 - change end date to 6/11/26

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

RECEIVED

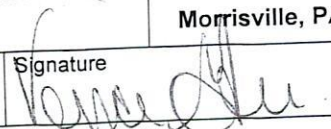
Date of Notification (1) 6/4/26		Name of Building Owner/Operator (2) 253 Lockwood Ave, LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 253 Lockwood Ave								
		City, State, Zip Code Long Branch, New Jersey 07740								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 253 Lockwood Ave, LLC 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 253 Lockwood Ave		Square Feet 1800	# of Floors 1							
City (5) Long Branch		Bldg. Age 65+								
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) former residence								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc							
Street Address		Street Address 95 Montrose Road								
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722								
Project Manager for Monitoring Firm		Telephone No. 7322941757	License No. 00029							
Start Date (10) 5/22/26	Scheduled Completion Date (11) 6/11/26	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 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			x	*Friable Wet Demo*	10 lf	x				
site clean up/wet demo			x		3 y	x				
slab			x		500 sf	x				
site clean up			x		4 cy	x				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Fairless						
City, State Elizabeth, New Jersey			Disposal Date 6/11/26	City, State Morrisville, PA						
Completed by Bree McGuire		Title Secretary Treasurer	Signature 				Date 6/4/26			

NO 11

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

RECEIVED
MAY 27 2025

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>05</u> / <u>19</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"/> 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 379 Erie Avenue							
		City, State, Zip Code Carney Point, NJ 08069							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident			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 379 Erie Avenue			Square Feet 1521	# of Floors 9	Bldg. Age 1960				
City (5) Carney Point, NJ 08069		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Resident					
County (6) Salem County		Name of Abatement Contractor (9) Global Contracting		ASCM No.					
Name of Monitoring Firm Hired by Building Owner (8) Global Contracting		Street Address 375 N. Main St							
Street Address 375 N. Main St		City, State, Zip Code Williamstown NJ 08094							
City, State, Zip Code Williamstown NJ 08094		Telephone No. 609-547-5198		License No. 02142-02					
Project Manager for Monitoring Firm		Telephone No. 609-547-5198		Name of OSHA Monitor Global Contracting					
Start Date (10) <u>05</u> / <u>29</u> / <u>26</u>		Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>26</u>		Street Address 375 N. Main St					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		City, State, Zip Code Williamstown NJ 08094							
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 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) 1150	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior shingles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Shingles		<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 Global Contracting Service		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 30 Yard	Name of Registered Landfill Fairless landfill				
City, State 375 N. Main St Williamstown, NJ 08094		Disposal Date		City, State Morrisville, PA 19067					
Completed By (Print or Type) Vernice Graham		Title Spouse		Signature 			Date 5-19-20		

1000

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

Date of Notification (1) 5/21/2026		Name of Building Owner/Operator (2) RECEIVED							
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 81 Ellen Street							
		City, State, Zip Code Nutley, NJ 007110							
		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 81 Ellen Street		Square Feet	# of Floors 1						
City (5) Nutley		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Blaze Enviro Group, LLC.						
Street Address		Street Address 155 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-517-6529	License No. 02143						
Start Date (10) 5/23/26	Scheduled Completion Date (11) 5/24/26	Name of OSHA Monitor Envirovision Consultants							
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: 8am - 4pm		Street Address 20-21 Wagaraw Rd., Bldg. 35- E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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		Transite Cement Panels	1300 SF	x			
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 0032797	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill					
City, State Elizabeth, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Sarah Lighthiser		Title Office Assistant	Signature S.L			Date 5/21/2026			

50344

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

4363893
RECEIVED

Date of Notification (1) <u>05</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) Degnan Design Build	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 455	
		City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

MAY 20 3 44 26

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 207 Tuttle Avenue		Square Feet 3500	# of Floors 3
City (5) Spring Lake		Bldg. Age 80	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

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

Start Date (10) <u>06</u> / <u>01</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>05</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
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	3600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1050 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"/>

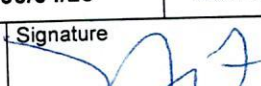
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 06/05/26	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/20/26

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

50345

4363895
RECEIVED

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

Date of Notification (1) 05 / 21 / 26		Name of Building Owner/Operator (2) Jacobs Environmental Services								
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 516 Manasquan Court								
		City, State, Zip Code Brick, NJ 08724								
		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 511 11th Avenue		Square Feet 1000	# of Floors 1							
City (5) Belmar		Bldg. Age 80								
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.								
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61								
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755								
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624							
Start Date (10) 06 / 02 / 26	Scheduled Completion Date (11) 06 / 04 / 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	
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a		<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 06/04/26		City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 				Date 5/21/26			

004139



PAID

4363898
RECEIVED

Print Form

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

MAY 26 2026

Date of Notification (1) 05-19-26		Name of Building Owner/Operator (2) New Prince Concrete Construction, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 215 Elleen Terrace	
		City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Private Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 408 US Route 202			Square Feet	# of Floors 1	Bldg. Age
City (5) Raritan			Current Use (Prior if being demolished)		
County (6) Somerset		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.		
Street Address		Street Address 1119 East Grand St.			
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908 576-7646	License No. 01206	
Start Date (10) 05-28-26		Scheduled Completion Date (11) 06-05-26		Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8:00 AM- 5:00 PM			Street Address 1119 East Grand St.		
			City, State, Zip Code Elizabeth, NJ 07201		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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		Joint Compound	3,000 SF	x			
1st Floor		X		Built Up Flooring	100 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Elizabeth, NJ		Disposal Date 06-01-26	City, State Tullytown, PA		
Completed by Jaime Delgado		Title Proj. Manager.	Signature 	Date 05-19-26	

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

8/6/2

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

4363899
 RECEIVED

Date of Notification (1) 05/19/2026		Name of Building Owner/Operator (2) Five Star								
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 MAY 26 2026								
		City, State, Zip Code Lakewood, NJ 08701								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <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 754 River Ave		Square Feet	# of Floors							
City (5) Lakewood		Bldg. Age								
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court								
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701								
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200							
Start Date (10) 05/28/2026	Scheduled Completion Date (11) 05/28/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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	
Exterior				Siding	1500SF	<input checked="" type="checkbox"/>				
Interior				Duct Insulation	10LF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 6	Name of Registered Landfill TEST						
City, State Lakewood, NJ		Disposal Date 05/28/2026		City, State BETHLEHEM, PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 05/19/2026				

* 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)

4363900

RECEIVED

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/20/2026		Name of Building Owner/Operator (2)										
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 Charter Oak Lane City, State, Zip Code Marlton, NJ, 08053								
		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 15 Charter Oak Lane			Square Feet	# of Floors	Bldg. Age							
City (5) Marlton		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)								
County (6) Burlington		Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals								
Street Address			Street Address 6 White Dove Court									
City, State, Zip Code			City, State, Zip Code Lakewood, NJ, 08701									
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-719-5649	License No. 1200							
Start Date (10) 06/02/2026		Scheduled Completion Date (11) 06/02/2026		Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 6 White Dove Court City, State, Zip Code Lakewood, NJ, 08701									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥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) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Interior					Tile		85 SF		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103		Cubic Yards of Waste 2		Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 06/02/2026		City, State BETHLEHEM, PA								
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 05/20/2026						

* 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)

4004669
 RECEIVED

4/24

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 267 E. Linden Avenue	
		City, State, Zip Code Englewood, NJ 07631	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <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 267 E. Linden Avenue		Square Feet	# of Floors
City (5) Englewood		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) 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
Start Date (10) 05/30/2026		Scheduled Completion Date (11) 06/30/2026	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"/> 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Plaster	2,000 SF	X			
2nd Floor			X	Plaster	5,300 SF	X			
1st & 2nd Floor			X	Pipe Chase	100 LF	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 05/21/2026

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

3365

4363902

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

RECEIVED

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/20/26		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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2408 Hamlette Place							
		City, State, Zip Code Scotch Plains, NJ		ASBESTOS CONTROL & LICENSING					
		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 2408 Hamlette Place			Square Feet 2800	# of Floors 2	Bldg. Age 76				
City (5) Scotch Plains, NJ			Current Use (Prior if being demolished)						
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) JCR Management Specialist LLC						
Street Address 2333 US 22		Street Address 306 Victor Place							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Neptune, NJ 07753							
Project Manager for Monitoring Firm Rick Eustaquo		Telephone No. 9734943762	Telephone No. 732-403-1471	License No. 02087					
Start Date (10) 5/30/26	Scheduled Completion Date (11) 6/8/26		Name of OSHA Monitor JCR Management Specialist LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____			Street Address 306 Victor Place						
			City, State, Zip Code Neptune, NJ 07753						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT & mastic	70sf	X			
		X							
		X							
		X							
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 482653	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date 6/8/26	City, State Morrisville, PA						
Completed by John C Riley		Title Owner	Signature <i>John Riley</i>		Date 5/20/26				

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

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

4363903

2104

Date of Notification (1) 05/18/2026		Name of Building Owner/Operator (2) 339 Grove St		RECEIVED							
Agencies Notified		Type Notification		Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		339 Grove St City, State, Zip Code Montclair, NJ 07042							
		Name of Contact		Telephone Number							
				ASB							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) residential			Type of Facility (4)								
Street Address 339 Grove 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) Montclair			Square Feet 3,300	# of Floors 2	Bldg. Age 103						
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				Acme Professional Services Corp							
City, State, Zip Code				Street Address 170 Kinnelon Rd, Suite 32							
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Kinnelon, NJ 07405							
				Telephone No. 973-938-5236							
				License No. 02003							
Start Date (10) 05/26/2026		Scheduled Completion Date (11) 05/29/2026		Name of OSHA Monitor Arsenije Adamov							
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: _____			170 Kinnelon Rd, Suite 32								
			City, State, Zip Code Kinnelon, NJ 07405								
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No					N/A	Removal	Repair	Encapsulate
Kitchen			✓		Ceiling Plaster	600 SF		✓			
Dinning Room			✓		Wall Plaster	120 SF		✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill					
Acme Professional Services Corp		0038176		4		Fairless Landfill					
City, State Kinnelon, NJ		Disposal Date 05/29/2026		City, State Morrisville, PA							
Completed by Samantha Zamora		Title Project Coordinator		Signature <i>Samantha Zamora</i>			Date 05/18/2026				

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

2/10

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

4229738

PAID

RECEIVED

MAY 26 2026

ASBESTOS ABATEMENT & LICENSING

Date of Notification (1) 05/20/2026		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	166 Oakridge Ave,	
		City, State, Zip Code Nutley, NJ 07110	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)	
Street Address 166 Oakridge 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) Nutley	Square Feet 1,600	# of Floors 2	Bldg. Age 90
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) Acme Professional Services Corp	
Street Address		Street Address 170 Kinnelon Rd, Suite 32		
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-938-5266	License No. 02003

Start Date (10) 05/29/2026	Scheduled Completion Date (11) 05/29/2026	Name of OSHA Monitor Arsenije Adamov	
Occupancy Status During Abatement (Check Only One)		Street Address 170 Kinnelon Rd, Suite 32	
<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 Kinnelon, NJ 07405	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		✓		Pipe and Fitting Insulation	8 LF	✓			

Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Kinnelon, NJ		Disposal Date 05/32/2026		City, State Morrisville, PA	
Completed by Samantha Zamora		Title Project Coordinator	Signature <i>Samantha Zamora</i>		Date 05/20/2026

8583

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

4363905

PAID

RECEIVED

MAY 27 2026

Date of Notification (1) 05/18/2026		Name of Building Owner/Operator (2)								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 206 Worth St								
		City, State, Zip Code Iselin, NJ 08830								
		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 206 Worth St		Square Feet	# of Floors							
City (5) Iselin		Bldg. Age								
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court								
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701								
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200							
Start Date (10) 06/03/2026	Scheduled Completion Date (11) 06/03/2026	Name of OSHA Monitor AAA Lead Professionals								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court								
		City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Interior				Floor Tile	450SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 06/03/2026	City, State BETHLEHEM, PA							
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 				Date 05/18/2026			

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

13722

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

B & G Project # 2026-84

Check # 13722

Date of Notification (1) 05/28/2026		Name of Building Owner/Operator (2) Pantheon Properties								
Agencies Notified	Type Notification	Street Address 119 West 57th Street								
<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 New York, NY 10019								
		Name of Contact Ken Cohen	Telephone Number 347-210-0243							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Pantheon Properties - Building 2A		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 3200 Liberty Avenue		Square Feet	# of Floors							
City (5) North Bergen, NJ		Bldg. Age								
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) warehouse								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378							
Start Date (10) 06/09/2026	Scheduled Completion Date (11) 06/10/2026	Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply)		<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
Location of Asbestos-Containing Material (ACM) <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	
roll up door			X	VAT & mastic	154 SF	X				
southeast exit door			X	VAT & mastic	40 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 06/11/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date 05/28/2026			

RECEIVED

JUN 1 2026

ASBESTOS & LICENSING

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

13721

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

B & G Project # 2026-83

Check # 13721

Date of Notification (1) 05/28/2026		Name of Building Owner/Operator (2) Rutgers Preparatory School								
Agencies Notified	Type Notification	Street Address 1345 Easton Avenue								
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerset, NJ 08873								
		Name of Contact Mike Zulla, Director of Facilities	Telephone Number 732-545-5600							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Rutgers Preparatory School - NON Sub 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1345 Easton Avenue		Square Feet	# of Floors							
City (5) Somerset		Bldg. Age								
County (6) Somerset	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) Private school								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 1234 Route 23								
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378							
Start Date (10) 06/08/2026	Scheduled Completion Date (11) 06/12/2026	Name of OSHA Monitor B & G Restoration, 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>occupied</u>		Street Address 1234 Route 23								
		City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Wrap and Cut <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	
Hallway			X	VAT & mastic	550 SF	X				
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 7	Name of Registered Landfill Grand Central Landfill						
City, State Butler, NJ		Disposal Date 06/12/2026		City, State Pen Argyl, PA						
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date 05/28/2026			

RECEIVED
JUN - 1 2026

ASBESTOS CONTROL AND LICENSING

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

5024

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

RECEIVED
 HMD-25-217

JUN - 1 2026

Date of Notification (1) 5/28/2026		Name of Building Owner/Operator (2) Denzar at Transit, LLC CK#5021										
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 66 West Street									
			City, State, Zip Code Red Bank, NJ 07701									
		Name of Contact Kyle Kostokis	Telephone Number 908-894-0808									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Mayo Auto Service			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 163 Monmouth St.			Square Feet 8,195 SF	# of Floors 1.5								
City (5) Red Bank			Bldg. Age 50									
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Auto Shop									
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC									
Street Address 1600 Manor Drive, Suite 220		Street Address 16 Glenwild Ave										
City, State, Zip Code Chalfont, Pa 18914		City, State, Zip Code Bloomingdale, NJ 07403										
Project Manager for Monitoring Firm Jeremy M. Hassett		Telephone No. 267-496-7955	Telephone No. 973-928-3995	License No. 01181								
Start Date (10) 6-8-2026	Scheduled Completion Date (11) 6-10-2026		Name of OSHA Monitor Hazmat Diagnostic, 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 Glenwild Ave									
			City, State, Zip Code Bloomingdale, NJ 07403									
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" 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
Front Office Bathroom				x	ACM Sheet Flooring		90 Sf		x			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill								
City, State Bloomingdale, NJ		Disposal Date TBD	City, State Waynesburg, OH									
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>			Date 5/28/2026						

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

5029



PAID

RECEIVED

Print Form JUN - 1 2026

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

HMD 25-221

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/29/2026		Name of Building Owner/Operator (2) Randolph Twp. School District CK#5029	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 Schoolhouse Road
			City, State, Zip Code Randolph, NJ 07869
		Name of Contact Craig Ely	Telephone Number 973 361 0808 ext.8227
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Fernbrook Elementary 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 206 Quaker Church Road		Square Feet 75,000 +	# of Floors 1
City (5) Randolph, NJ 07869		Bldg. Age 60+	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC
Street Address PO Box 385		Street Address 16 Glenwild Ave	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609 652 1883	Telephone No. 973-928-3995
Start Date (10) 6/12/2026		Scheduled Completion Date (11) 6/15/2026	License No. 01181
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 <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 3:30 pm/ 24 hrs if necessary Job starts on June 12 at 4:00 pm		Name of OSHA Monitor Hazmat Diagnostic, LLC	
		Street Address 16 Glenwild Ave	
		City, State, Zip Code Bloomingdale, NJ 07403	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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)
	Yes	No	
Stage Storage			ACM Fittings/ Valve insulation/ Roof drain insulation
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Name of Registered Landfill Minerva Landfill
City, State Bloomingdale, NJ		Cubic Yards of Waste TBD	City, State Waynesburg, OH
Disposal Date TBD			
Completed by Deni Naumovski	Title President	Signature Deni Naumovski	Date 5/29/2026

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

5027

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

RECEIVED

HMD 25-219

JUN - 1 2026

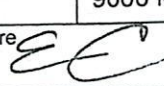
Date of Notification (1) 5/29/2026		Name of Building Owner/Operator (2) Randolph Twp. School District CK#5027						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 25 Schoolhouse Road						
		City, State, Zip Code Randolph, NJ 07869						
		Name of Contact Craig Ely	Telephone Number 973 361 0808 ext.8227					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Fernbrook Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 206 Quaker Church Road		Square Feet 75,000 +	# of Floors 1					
City (5) Randolph, NJ 07869		Bldg. Age 60+						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC					
Street Address PO Box 385		Street Address 16 Glenwild Ave						
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609 652 1883	Telephone No. 973-928-3995					
			License No. 01181					
Start Date (10) 6/16/2026	Scheduled Completion Date (11) 6/22/2026		Name of OSHA Monitor Hazmat Diagnostic, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied / 7:00 am - 3:30 pm/ 24 hrs if necessary		Street Address 16 Glenwild Ave						
		City, State, Zip Code Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Side Entrance to Stage/APR			Mortar/Grout and associated ceramic tile flooring down to concrete	75 SF	x			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill				
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH				
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>		Date 5/29/2026			

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

5/16/25

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

RECEIVED

Date of Notification (1) 5.26.26		Name of Building Owner/Operator (2) Short Hills Association LLC, a Delaware Limited Liability Company										
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 225 W Washington Street JUN - 1 2026									
			City, State, Zip Code Indianapolis IN 46204									
			Name of Contact Neil Bukouricz		Telephone Number 317-845-6739							
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Macy's Short Hills Mall				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 1200 Morris Tpke Short Hills NJ 07078				Square Feet 2,000,000	# of Floors 3							
City (5) Short Hills				Bldg. Age 1957								
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital								
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting LLC		ASCM No. _____	Name of Abatement Contractor (9) A.C.M. Consulting Corp.									
Street Address 1600 Route 22 East		Street Address 2150 Stanley Terrace										
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Union, NJ 07083										
Project Manager for Monitoring Firm Thomas Gulya		Telephone No. 908-688-7800	Telephone No. 908-687-1008	License No. 00575								
Start Date (10) 6/8/2026	Scheduled Completion Date (11) 7.13.2026		Name of OSHA Monitor Hillman Consulting 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: M- F 9:30 PM - 6 AM			Street Address 1600 Route 22 East Suite 107									
			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 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) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Lower Level Retail Area		X			Mirror Mastic		1225 SF		X			
1st Floor Retail Area		X			Water Proofing Tar		8900 SF		X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. SW1896	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises								
City, State 1199 Randall Ave Bronx, NY 10474		Disposal Date TBD	City, State 9000 Minerva Road									
Completed by Erik Carlson		Title VP	Signature 		Date 5/26/26							

5028

PAID

RECEIVED
Print Form

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

JUN - 1 2026
HMD 25-220

Date of Notification (1) 5/29/2026		Name of Building Owner/Operator (2) Randolph Twp. School District CK#5028							
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 25 Schoolhouse Road							
		City, State, Zip Code Randolph, NJ 07869							
		Name of Contact Craig Ely	Telephone Number 973 361 0808 ext.8227						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Center Grove 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 25 Schoolhouse Road		Square Feet 75,000 +	# of Floors 1						
City (5) Randolph, NJ 07869		Bldg. Age 60+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC						
Street Address PO Box 385		Street Address 16 Glenwild Ave							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609 652 1883	Telephone No. 973-928-3995						
		License No. 01181							
Start Date (10) 6/12/2026	Scheduled Completion Date (11) 6/15/2026	Name of OSHA Monitor Hazmat Diagnostic, LLC							
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 <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 3:30 pm 24 hrs if necessary, Job starts on June 12 at 4:00 pm		Street Address 16 Glenwild Ave							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Wrap & Cut <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
Gym Office/ Locker Rooms			x	Pipe fitting/ Valve Insulation	<10 LF	x			
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Deni Naumovski		Title President	Signature <i>Deni Naumovski</i>			Date 5/29/2026			

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

1994

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

Check# 1294

RECEIVED

Date of Notification (1) 05/28/2026		Name of Building Owner/Operator (2) "Bayonne Luxury Waterwalk LLC", owner: Ben Cohen								
Agencies Notified	Type Notification	Street Address 670 Myrtle Ave, #166								
<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 Brooklyn, NY 11206								
		Name of Contact John Cherchio	Telephone Number 201-538-1865							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Office 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 211 West 5th Street		Square Feet	# of Floors							
City (5) Bayonne, NJ 07002		Bldg. Age								
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) Gr Tech LLC							
Street Address		Street Address 576 Valley Road#283								
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm		Telephone No. 973-356-3511	License No. 01127							
Start Date (10) 06/07/2026	Scheduled Completion Date (11) 06/09/2026	Name of OSHA Monitor Envirovision Consultants, Inc								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg.# 35 E								
		City, State, Zip Code Fair Lawn, NJ 07410								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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	
Roof			x	Flashing-air vent pipe drain- 5 each	25 SF	x				
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc						
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA						
Completed by G.Ristanovic		Title Owner	Signature Gradimir Ristanovic		Date 05/28/2026					

JUN - 1 2026

ASBESTOS CONTAINMENT & LICENSING

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

1080

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) ABBEY SIGMA LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 145 SPRING ST, SUITE B	
		City, State, Zip Code NEWTON NJ 07860	
		Name of Contact MARK KONARSKI	Telephone Number 917-710-5424

RECEIVED

MAY 26 2026

ASBESTOS LICENSING

Name of Facility Where Abatement is Taking Place (3) THE ABBEY- BUILDING 9		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 330 ROUTE 206		Square Feet 7,850,000	# of Floors 1
City (5) NEWTON		Bldg. Age 1924	
County (6) SUSSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) commerical	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial	
Street Address	Street Address 54 Morgan Dr		
City, State, Zip Code	City, State, Zip Code Sparta NJ 07871		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-570-2645	License No. 01334

Start Date (10) 6/8/2026	Scheduled Completion Date (11) 7/20/2026	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		WINDOW GLAZE	13.5 LF	X			

Name of Registered Waste Hauler ATLANTIC CARTING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill
City, State WAYNE NJ	Disposal Date	City, State PEN ARGYL, PA	
Completed by Corey Stankovic	Title CEO	Signature 	Date 5/22/2026

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

1079



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

RECEIVED

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) ABBEY SIGMA 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 145 SPRING ST, SUITE B	
		City, State, Zip Code NEWTON NJ 07860	
		Name of Contact MARK KONARSKI	Telephone Number 917-710-5424

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) THE ABBEY- BUILDING 7		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 330 ROUTE 206		Square Feet 1,750	# of Floors 1
City (5) NEWTON		Bldg. Age 1924	
County (6) SUSSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commerical	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645
			License No. 01334
Start Date (10) 6/8/2026	Scheduled Completion Date (11) 7/20/2026	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 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 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
TWO BASEMENT		X		ROOFING MATERIAL	700 SF	X			

Name of Registered Waste Hauler ATLANTIC CARTING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 6	Name of Registered Landfill GRAND CENTRAL
City, State WAYNE NJ	Disposal Date	City, State PEN ARGYL, PA	
Completed by Corey Stankovic	Title CEO	Signature <i>Corey Stankovic</i>	Date 5/22/2026

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

1077

PAID

RECEIVED

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) ABBEY SIGMA LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 145 SPRING ST, SUITE B	
		City, State, Zip Code NEWTON NJ 07860	
		Name of Contact MARK KONARSKI	Telephone Number 917-710-5424

MAY 26 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) THE ABBEY- BUILDING 6		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 330 ROUTE 206		Square Feet 575	# of Floors 1	Bldg. Age 1924
City (5) NEWTON		Current Use (Prior if being demolished) commercial		
County (6) SUSSEX		County Code (7) (STATE USE ONLY)		
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) 6/8/2026	Scheduled Completion Date (11) 7/20/2026	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 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
REAR SHED ROOF		X		ROOFING MATERIAL	70 SF	X			

Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GRAND CENTRAL	
City, State WAYNE NJ		Disposal Date		City, State PEN ARGYL, PA	
Completed by Corey Stankovic		Title CEO	Signature <i>C Stankovic</i>		Date 5/22/2026

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

17962

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



RECEIVED

Date of Notification (1) 5 / 21 / 26		Name of Building Owner/Operator (2) Millburn Board of Education / Job #2605-6580 Check #17962	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 434 Millburn Avenue	
		City, State, Zip Code Millburn, NJ 07041	
		Name of Contact Business Administration	Telephone Number 973-376-3600

MAY 26 2026

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Millburn MS		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 and commercial buildings, homes, etc.)	
Street Address 50 Old Short Hill Rd.		Square Feet	# of Floors
City (5) Millburn, NJ 07041		Bldg. Age	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental	ASCM No. 0127	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1248 Wrights Lane		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm t	Telephone No. 8	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 6 / 19 / 26	Scheduled Completion Date (11) 6 / 30 / 26	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom 303	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	576 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom 304	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	661 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom 307	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	692 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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ		Disposal Date 6/30/26	City, State Morrisville, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 5-21-26

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

17963

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

RECEIVED

PAID

MAY 26 2026

Date of Notification (1) 5 / 21 / 26		Name of Building Owner/Operator (2) PSE&G / Job #2605-6577		Check #17963
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 # #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road		
	City, State, Zip Code South Plainfield, NJ			Telephone Number 908-328-4248
	Name of Contact Kelsey DuBois			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Irvington HQ		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 934 Clinton Ave.		Square Feet	# of Floors	Bldg. Age
City (5) Irvington		Current Use (Prior if being demolished) Headquarters		
County (6) Essex	County Code (7)(STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Matt Sheldon	Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529	

Start Date (10) 5 / 26 / 26	Scheduled Completion Date (11) 6 / 1 / 26	Name of OSHA Monitor IATL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-12PM/10PM-1AM		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 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct work	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct work	100 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 Veolia ES	NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State Flanders, NJ		Disposal Date 6/1/26	City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 5-21-26	

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

4/27

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

RECEIVED

MAY 28 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/26/2026		Name of Building Owner/Operator (2) St. Joseph's Regional Medical Center								
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 703 Main Street		City, State, Zip Code Paterson, NJ 07503						
		Name of Contact Frank Ribecca		Telephone Number 973.569.6148						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) St. Joseph's 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 & commercial buildings, homes, etc.)							
Street Address 224 Hamburg Turnpike			Square Feet	# of Floors	Bldg. Age					
City (5) Wayne			Current Use (Prior if being demolished)							
County (6) Passaic		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) All Pro Management, LLC							
Street Address PO Box 354		Street Address 27 Outwater Lane								
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Garfield, NJ 07026								
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-394-2666	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 6/4/2026		Scheduled Completion Date (11) 6/30/2026		Name of OSHA Monitor A. Seine Lighthouse Solutions						
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 checked="" type="checkbox"/> Other - Describe: 3:00pm to 10:00pm			Street Address PO Box 354							
			City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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) <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	
Emergency Department			X	Pipe insulation	35 LF	X				
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA						
Completed by Jacqueline Anello		Title Office Administrator		Signature <i>Jacqueline Anello</i>		Date 5/26/2026				

* 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)

4208

REC-100

Date of Notification (1) <u>05</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) Vineland Preservation Job #2601-3478 check#4208	
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 2900 Fire Road Suite 203	
		City, State, Zip Code Egg Harbor Township NJ 08234	
		Name of Contact Martin Whalen	Telephone Number 609-823-0029

ASBESTOS CONTROL LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vineland Gardens- Multiple Units		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 775 S Seventh Street		Square Feet TBD	# of Floors 2	Bldg. Age 57 years
City (5) Vineland	County (6) Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) IEC LLC		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 117 North Blackhorse Pike		Street Address 70 Stacy Haines Road Suite 4		
City, State, Zip Code Runnemede NJ		City, State, Zip Code Lumberton NJ 08048		
Project Manager for Monitoring Firm Michael Menz		Telephone No. 856-628-6020	Telephone No. 609-702-0400	License No. 00862
Start Date (10) <u>05</u> / <u>29</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>12</u> / <u>26</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 Enclosure	<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
2 ADA Units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	530 SF/each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ADA Units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	1,700 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 Corp		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 80	Name of Registered Landfill CCIA	
City, State Lumberton, NJ		Disposal Date 06/12/2026	City, State Rosenhayn NJ		
Completed By (Print or Type) Kaysi Gruner	Title Admin	Signature 	Date 5/20/26		

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

3023

check # 3823

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey	
Agencies Notified EPA DCA x DOL DEP x DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 - New Completion Date and Work Areas (plus 3 over ~160SF) and Quantities <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address REHS 74 St 1603		City, State, Zip Code Piscataway NJ 08854	
Name of Contact Michael F. Smith		Telephone Number 848.445.2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) # 7257- Medical Science Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS Newark Campus		Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 80 plus years	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Atlas Tech Services		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 Terri Lane		Street Address 511 MAIN STREET	
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 5/8/2026	Scheduled Completion Date (11) 6/30/2026	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 4pm-5am (24 Hours & weekends as needed)		Street Address 1056 Stelton Road	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> > 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure 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 Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
B518, B520, B525 Suite, B544, B546, C632 Suite, F676 Suite, C600C23 Hall Ramp, C600C23 Hall, C636 Suite, B521, B523, B521A, E585, E587, E579, E543, E526 Suite, F501, F503, F505, F507, F509, F570/570A	<input checked="" type="checkbox"/>	VAT Benchtops Sinks	26,000 sf 3,750 sf 45 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 240 CYD	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
Hauler #1 Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		Disposal Date 6/30/26	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Hauler #2 Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860			
Completed by (Print or Type) Raymond Pedalino	Title Sr. Project Manager	Signature Raymond Pedalino	Date May 22, 2026

GAC # 2026-060

26072

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

ck
 26072

RECEIVED

MAY 28 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/22/26		Name of Building Owner/Operator (2) Mike Dolan								
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 1821 Mays Landing Rd.								
		City, State, Zip Code Egg Harbor Twp, Nj 08234								
		Name of Contact Mike Dolan	Telephone Number (609)980-9700							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Somers Point Marina WATER FRONT MARINE		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 1821 Mays Landing Rd.		Square Feet 4500	# of Floors 2							
City (5) Egg Harbor Twp.		Bldg. Age 40+								
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Work Shop/ vacant								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.								
Street Address		Name of Abatement Contractor (9) Audubon Environmental Inc.								
City, State, Zip Code		Street Address 449 Oak Shade Rd.								
Project Manager for Monitoring Firm		Telephone No. (609)859-3651	License No. 02094							
Start Date (10) 6/5/26	Scheduled Completion Date (11) 6/6/26	Name of OSHA Monitor N/A								
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								
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 300sq ft	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			X	Transite shingles		X				
Name of Registered Waste Hauler R & B Debris		NJDEP Waste Hauler ID No. 25934	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown						
City, State Hainesport, Nj		Disposal Date TBD	City, State Morrisville, Pa							
Completed by Nick Smarrito		Title Project Manager	Signature 				Date 5/22/2026			

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

1078

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

4364611

PAID



RECEIVED

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) ABBEY SIGMA LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 145 SPRING ST, SUITE B	
		City, State, Zip Code NEWTON NJ 07860	
		Name of Contact MARK KONARSKI	Telephone Number 917-710-5424

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) THE ABBEY- BUILDING 8		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 330 ROUTE 206		Square Feet 7,850	# of Floors 1
City (5) NEWTON		Bldg. Age 1924	
County (6) SUSSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) commerical	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-570-2645	License No. 01334

Start Date (10) 6/8/2026	Scheduled Completion Date (11) 7/20/2026	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 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
MIDDLE SECTION HALLWAY		X		12" BEIGE TILE	425 SF	X			
MIDDLE SECTION HALLWAY		X		DARK GREY TILE AND FELT	425 SF	X			
LOWER LEVEL		X		TRANSITE	650 SF	X			
EXTERIOR		X		EXTERIOR	32 SF	X			

Name of Registered Waste Hauler ATLANTIC CARTING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL
City, State WAYNE NJ	Disposal Date	City, State PEN ARGYL, PA	
Completed by Corey Stankovic	Title CEO	Signature 	Date 5/22/2026

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

Check 9412

PAID

RECEIVED

9412

Date of Notification (1) 5/8/26 Type Notification		Name of Building Owner / Operator (2) Interglobo North America, 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	Emergency Notification		Street Address		MAY 26 2026
	<input type="checkbox"/> Initial Notification		2 Colony Road		
	<input checked="" type="checkbox"/> Amended Notification		City, State & Zip Code		
	<input type="checkbox"/> Cancellation		Jersey City, NJ 07305		
		Name of Contact		Telephone Number	
		Sophia Cosenza		212-686-7966	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant Warehouse			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 650 Liberty Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Union			280,000	2	60
County (6) Union	County Code (7)		Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address P.O. Box 365		Street Address P.O. Box 7620			
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856-452-1311	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 5/21/26	Scheduled Completion Date (11) 8/31/26		Name of OSHA Monitor Global Abatement Services, LLC		
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: 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 type="checkbox"/>		Renovation <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project				Mini-Enclosure	
Quantity is ≥ 3 SF or ≥ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> 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)
First Floor Areas 1,2		N/A	VAT	100,000SF	Removal
First Floor Areas 1,2,3		N/A	Mastic	249,000	Removal
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 600	Name of Registered Landfill Conestoga	
City, State Freehold, NJ		Disposal Date 8/31/26		City, State Morgantown, PA	
Completed By (Print or Type) Dominick Tringali		Title Pres.	Signature <i>Dominick Tringali</i>		Date 5/8/26

*Pending +
Repairs
ck*

4364031
RECEIVED

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

JUN 31 2006
50362

Date of Notification (1) 05 / 29 / 26		Name of Building Owner/Operator (2) Ion Bank	
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 # _____	Street Address 251 Church Street	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Naugatuck, CT 06770	
		Name of Contact Phil Vaz	Telephone Number 862-777-8548

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ion Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 189 County Road		Square Feet 2000	# of Floors 1
City (5) Cresskill		Bldg. Age 60	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 256A Jefferson Court		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Lakewood, NJ 08701		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Kelly Walton	Telephone No. 908-862-4301	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 06 / 13 / 26	Scheduled Completion Date (11) 06 / 14 / 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"/> 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) 365 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos joint compound		<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 06/15/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>[Signature]</i>		Date 5/29/26	

17966

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

RECEIVED

Date of Notification (1) <u>5</u> / <u>17</u> / <u>26</u>		Name of Building Owner/Operator (2) PSE&G / Job #2604-6573		Check # JUN - 8 2026
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road	
			City, State, Zip Code South Plainfield, NJ	
			Name of Contact Kelsey DuBois	Telephone Number 908-328-4248

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Fairview Substation		Type of Facility (4) <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 42 Bergenwood Road		Square Feet	# of Floors	Bldg. Age
City (5) Fairview		Current Use (Prior if being demolished) Substation		
County (6) Bergen	County Code (7)(STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) Matrix New World	ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Matt Sheldon	Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529	

Start Date (10) 5 / 11 / 26	Scheduled Completion Date (11) 6 / 5 / 26	Name of OSHA Monitor IATL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address 9000 Commerce Pkwy. Suite B		
		City, State, Zip Code Mount Laurel, NJ 08054		

Scope of Work (Check all that apply)

<input 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	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"/>

Name of Registered Waste Hauler Veolia ES	NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State Flanders, NJ		Disposal Date 6/5/26	City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 5-12-26	

Rec'd

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

RECEIVED

Date of Notification (1) <u>5</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) NJ DOT / Job #2605-6579 Check #17905								
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 PO Box 600		JUN - 8 2026					
			City, State, Zip Code Trenton, NJ 08625		ASBESTOS CONTROL & LICENSING					
			Name of Contact Mark Bastian	Telephone Number 609-922-5275						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Green Grove Road @ Route 66			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 Green Grove Rd @ Route 66			Square Feet	# of Floors	Bldg. Age					
City (5) Neptune		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Bridge						
County (6) Monmouth		Name of Abatement Contractor (9) AbateTech, Inc.								
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Street Address 30 Maple Ave. PO Box 25						
Street Address PO Box 341		City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Chris Paonessa		Telephone No. 609-298-4070		Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>5</u> / <u>27</u> / <u>26</u>		Scheduled Completion Date (11) <u>6</u> / <u>5</u> / <u>26</u>		Name of OSHA Monitor IATL						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Street Address 9000 Commerce Parkway Suite B							
			City, State, Zip Code Mount Laurel, NJ 08054							
Scope of Work (Check all that apply)										
<input 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) 480LF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Ducts		<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 30	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 6/5/26		City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 5-29-26			

Neu

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

RECEIVED

Date of Notification (1) <u>5</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) PSE&G / Job #2605-6577 Check #		JUN - 8 2026	
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 # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road	
		City, State, Zip Code South Plainfield, NJ		ASBESTOS CONTROL & LICENSING	
		Name of Contact Kelsay DuBois		Telephone Number 908-328-4248	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSEG Irvington HQ			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 934 Clinton Ave.			Square Feet		Bldg. Age
City (5) Irvington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Headquarters	
County (6) Essex		Name of Abatement Contractor (9) AbateTech, Inc.		ASCM No. 00121	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World			Street Address 26 Columbia Turnpike		
Street Address 26 Columbia Turnpike			Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Florham Park, NJ 07932			City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800		Telephone No. 609-265-2107	
Telephone No. 973-240-1800		License No. 00529		Name of OSHA Monitor IATL	
Start Date (10) <u>5</u> / <u>26</u> / <u>26</u>		Scheduled Completion Date (11) <u>6</u> / <u>19</u> / <u>26</u>		Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-12PM/10PM-1AM</u>			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 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) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		SEE ATTACHED	
4th Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Duct work glue dots	
3rd Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Duct work glue dots	
		<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	
City, State Flanders, NJ		Disposal Date 6/19/26		Name of Registered Landfill Fairless Landfill	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	
				Date 5-27-26	

NO
all

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

RECEIVED

Date of Notification (1) 5 / 29 / 26		Name of Building Owner/Operator (2) NJ DPMC / Job #2601-6534 Check #17874	
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 #3 ON HOLD <input type="checkbox"/> Emergency (including justification)	Street Address PO Box 0034	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Business Admin	Telephone Number 609-292-9292

JUN - 8 2006

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Richard J Hughes Justice Complex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 25 Market Street		Square Feet	# of Floors
City (5) Trenton, NJ 08611		Bldg. Age	
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-656-8101	Telephone No. 609-265-2107
		License No. 00529	
Start Date (10) 5 / 5 / 26	Scheduled Completion Date (11) 5 / 29 / 26	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 9000 Commerce Parkway Suite B	
		City, State, Zip Code Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

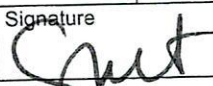
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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, Lower-Level Cooling Tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grey Sealant/Caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior, Lower-Level Cooling Tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tan Caulk	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gaskets assoc. with valves/flanges	200 units	<input checked="" 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 40	Name of Registered Landfill Fairless Landfill	
City, State Lumberton, NJ		Disposal Date 5/29/26		City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 5-29-26	

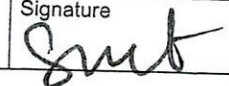
No
all

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

Date of Notification (1) <u>5</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2604-6563 Check # <u>ED</u>							
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 ON</u> <u>HOLD</u> <input type="checkbox"/> Emergency (including justification)	Street Address 132 Thomas Street							
		City, State, Zip Code Cranford, NJ 07016							
		Name of Contact Business Administration	Telephone Number 908-272-9100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bloomingdale Ave 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 and commercial buildings, homes, etc.)							
Street Address 200 Bloomingdale Avenue		Square Feet	# of Floors						
City (5) Cranford		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.	ASCM No. 00079	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 20-21 Wagaraw Rd. Bldg. 35E		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Frederick Lawson	Telephone No. 973-636-9145	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>5</u> / <u>12</u> / <u>26</u>	Scheduled Completion Date (11) <u>5</u> / <u>29</u> / <u>26</u>	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 3PM - _____ AM		Street Address 9000 Commerce Parkway							
		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"/> ≥ 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kindergarten Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	55 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Wing/All Purpose Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door caulk & glazing	303 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Wind/Media Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,650 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 5/29/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coord.	Signature 			Date 5-29-26			

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

NO

Date of Notification (1) <u>5</u> / <u>29</u> / <u>2020</u>		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2604-6563 Check #							
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 132 Thomas Street						
			City, State, Zip Code Cranford, NJ 07016						
			Name of Contact Business Administration						
		Telephone Number 908-272-9100							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hillside Avenue 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 and commercial buildings, homes, etc.)							
Street Address 125 Hillside Avenue		Square Feet							
City (5) Cranford		# of Floors							
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 35E		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Frederick Lawson		Telephone No. 973-636-9145	Telephone No. 609-265-2107						
Start Date (10) <u>5</u> / <u>18</u> / <u>26</u>		Scheduled Completion Date (11) <u>6</u> / <u>5</u> / <u>26</u>	License No. 00529						
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>3</u> PM - <u> </u> AM		Name of OSHA Monitor IATL							
		Street Address 9000 Commerce Parkway							
		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"/> ≥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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Foods Lab/Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	44 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Sink Coating	15 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 6/5/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coord.		Signature 		Date 5-29-26			

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

Rock

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

B & G Project # 2026-83

Check # N/A RECEIVED

Date of Notification (1) 06/05/2026		Name of Building Owner/Operator (2) Rutgers Preparatory School		JUN 9 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 # <u>ON HOLD</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1345 Easton Avenue City, State, Zip Code Somerset, NJ 08873							
		Name of Contact Mike Zulla, Director of Facilities		Telephone Number 732-646-5600							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Rutgers Preparatory 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 1345 Easton Avenue			Square Feet	# of Floors	Bldg. Age						
City (5) Somerset, NJ 08873			Current Use (Prior if being demolished) Private School								
County (6) Somerset		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) B & G Restoration, Inc.								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Street Address 1234 Route 23								
Street Address		City, State, Zip Code Butler, NJ 07405	City, State, Zip Code Butler, NJ 07405								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-696-6869	License No. 00378							
Start Date (10) ON HOLD		Scheduled Completion Date (11) 06/15/2026 ***	Name of OSHA Monitor B & G Restoration, 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>occupied</u>			Street Address 1234 Route 23								
			City, State, Zip Code Butler, NJ 07405								
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 550 SF		Abatement Type			
		Yes No N/A						Removal	Repair	Encapsulate	Enclosure
200 Wing Hallway		X		VAT & mastic		X					
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 7		Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date ON HOLD		City, State Pen Argyl, PA							
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>		Date 06/05/2026					

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

McK

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

B & G Project # 2026-83

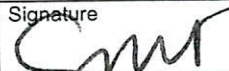
Check # N/A

Date of Notification (1) 06/04/2026		Name of Building Owner/Operator (2) Rutgers Preparatory School		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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1345 Easton Avenue			
		City, State, Zip Code Somerset, NJ 08873		JUN - 9 2026					
		Name of Contact Mike Zulla, Director of Facilities		Telephone Number ASBESTOS 732-646-5600 & LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rutgers Preparatory 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 1345 Easton Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) Somerset, NJ 08873			Current Use (Prior if being demolished) Private School						
County (6) Somerset		County Code (7) <i>(STATE USE ONLY)</i>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address		Street Address 1234 Route 23							
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-696-6869	License No. 00378					
Start Date (10) 06/08/2026		Scheduled Completion Date (11) 06/12/2026		Name of OSHA Monitor B & G Restoration, 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>occupied</u>			Street Address 1234 Route 23						
			City, State, Zip Code Butler, NJ 07405						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
200 Wing Hallway			X	VAT & mastic	550 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 7	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 06/12/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 06/04/2026				

APK

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

RECEIVED

Date of Notification (1) <u>5</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) Cranford Twp. School District Job #2604-6563 Check #							
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 132 Thomas Street							
		City, State, Zip Code Cranford, NJ 07016							
		Name of Contact Mario Cuhna	Telephone Number 908-709-6212						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Walnut Avenue ES		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 and commercial buildings, homes, etc.)							
Street Address 370 Walnut Avenue		Square Feet 48,500	# of Floors 1+						
City (5) Cranford		Bldg. Age 65+							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Public School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.	ASCM No. 00079	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 20-21 Wagaraw Rd. Bldg. 35E		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Frederick Lawson	Telephone No. 973-636-9145	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>5</u> / <u>26</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>5</u> / <u>26</u>	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Street Address 9000 Commerce Parkway							
		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"/> ≥ 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
Kindergarten Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door caulk	42 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 6/5/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coord.	Signature 			Date 5-29-26			

NO
OK

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

RECEIVED

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5 / 19 / 26		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job # 2605-6576 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1		Street Address 10 Legion Place- Building A		ASBESTOS CONTROL & LICENSING				
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Morristown, NJ 07960						
			Name of Contact Michael R. Kupres		Telephone Number 610-755-7186				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCPL Franklin Substation			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 Munsonhurst Road			Square Feet						
City (5) Franklin			# of Floors		Bldg. Age				
County (6) Sussex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation					
Name of Monitoring Firm Hired by Building Owner (8) Colden Corporation		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 630 Sentry Parkway, Suite 110		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Bluebell, PA		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jason Straut		Telephone No. 484-804-5956	Telephone No. 609-265-2107		License No. 00529				
Start Date (10) 5 / 18 / 26		Scheduled Completion Date (11) 5 / 29 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 9000 Commerce Parkway 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"/> >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
Electrical Panel/Cabinet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Wire	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 5/29/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>					
				Date 5-19-26					

* 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)

4654

2604262
Check # 4654

Date of Notification (1) <u>5</u> / <u>26</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University-Facilities Operations								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MacMillan Building, Elm Drive.								
		City, State, Zip Code Princeton, NJ 08544								
		Name of Contact Eric Emery	Telephone Number 609-258-3432							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Princeton University- Old Graduate College		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 88 College Rd. West		Square Feet	# of Floors 70							
City (5) Princeton		Bldg. Age								
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Dorms								
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC								
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET								
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 02121							
Start Date (10) <u>6</u> / <u>5</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>12</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: 7:00AM-5:30PM / _____ PM - _____ AM		Street Address 1123 BEAVER STREET								
		City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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 Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	192 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 Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ		Disposal Date		City, State MORRISVILLE, PA 19067						
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>				Date 5/26/26			

ASB-41 MAY 11 **BSA5149**

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

8569

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

436 3416

RECEIVED

Print Form

MAY 28 2026

Date of Notification (1) 05/13/2026		Name of Building Owner/Operator (2) Beis Chabad Passaic											
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 170 Main Ave											
		City, State, Zip Code Passaic, NJ 07055											
		Name of Contact	Telephone Number 312-618-3175										
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 172 Main Ave		Square Feet	# of Floors										
City (5) Passaic		Bldg. Age											
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals										
Street Address		Street Address 6 White Dove Court											
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701											
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200										
Start Date (10) 05/22/2026	Scheduled Completion Date (11) 05/26/2026	Name of OSHA Monitor AAA Lead Professionals											
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 White Dove Court											
		City, State, Zip Code Lakewood, NJ, 08701											
Scope of Work (Check All That Apply)													
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition											
		<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											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A						Removal	Repair	Encapsulate	Enclosure	
Interior				Pipe Insulation				200LF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 3	Name of Registered Landfill HESI									
City, State Lakewood, NJ		Disposal Date 05/26/2026		City, State BETHLEHEM, PA									
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 05/13/2026								

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

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

10317

Check # 10317
4358259

GAC Project # 060-26

Date of Notification (1) May 20, 2026		PAID		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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - Add Fee for Work Area over 160 SF and typographical error on Item (10) 05/10/2026 should read 05/20/2026 <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 (5) NEW BRUNSWICK		County (6) MIDDLESEX		City, State, Zip Code PISCATAWAY, NJ 08854	
County Code (7) (State Use Only)		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) HELDRIICH SCIENCE, BLDG# 8302			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.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 100+ years		
Street Address DOUGLASS CAMPUS			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		Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
Scheduled Start Date (10) 05/20/2026		Scheduled Completion Date (11) 05/26/2026		City, State, Zip Code FAIRLAWN, NJ 07410	
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)			Name of OSHA Monitor ENVIROVISION, 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"/> 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) 101/102 Suite, 202, 306 MER		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	
Amount (Specify SF or LF) 1000 SF		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 5 CY	
Name of Registered Landfill Fairless Landfill / Grand Central Landfill		Disposal Date 5/26/2026		City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860			
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER		Signature <i>Raymond C. Pedalino</i>	
Date MAY 20, 2026					

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

1079

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

4363890

PAID

RECEIVED

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) ABBEY DELTA 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 145 SPRING ST, SUITE B	
		City, State, Zip Code NEWTON NJ 07860	
		Name of Contact MARK KONARSKI	Telephone Number 917-710-5424

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) THE ABBEY- BUILDING 1		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 330 ROUTE 206		Square Feet 8,750	# of Floors 4
City (5) NEWTON		Bldg. Age 1924	
County (6) SUSSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-570-2645	License No. 01334

Start Date (10) 6/8/2026	Scheduled Completion Date (11) 7/20/2026	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 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
floors 1-3		X		VAT	10,600 SF	X			
exterior		X		window glazing	473 SF	X			
3rd floor north end		X		duct wrap	10 SF	X			
Basement & North end bathroom		X		pipe wrap 880 LF/transite 360SF	880 LF/360S	X			

Name of Registered Waste Hauler ATLANTIC CARTING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL
City, State WAYNE NJ		Disposal Date	City, State PEN ARGYL, PA
Completed by Corey Stankovic	Title CEO	Signature <i>Corey Stankovic</i>	Date 5/22/2026

Pending +
Replacement
OK

4364031
RECEIVED

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

JUN 31 2006
50362

Date of Notification (1) <u>05</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) Ion Bank	
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 251 Church Street	
		City, State, Zip Code Naugatuck, CT 06770	
		Name of Contact Phil Vaz	Telephone Number 862-777-8548

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ion Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 189 County Road		Square Feet 2000	# of Floors 1
City (5) Cresskill		Bldg. Age 60	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 256A Jefferson Court		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Lakewood, NJ 08701		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 908-862-4301	Telephone No. 732-349-9932
Start Date (10) <u>06</u> / <u>13</u> / <u>26</u>		Scheduled Completion Date (11) <u>06</u> / <u>14</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"/> 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
bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos joint compound	365 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 06/15/26	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/29/26		

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

RECEIVED

Date of Notification (1) <u>5</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) County Of Union NJ							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1-49 Elizabethtown Plaza							
		City, State, Zip Code Elizabeth, NJ 07202							
		Name of Contact Jim Frisbee (Owners Consultant)	Telephone Number 609-203-3114						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse Annex		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 2 Broad Street		Square Feet	# of Floors						
City (5) Elizabeth		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Under Renovation							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc	ASCM No. 00149	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC							
Street Address PO Box 869		Street Address 1123 BEAVER STREET							
City, State, Zip Code Levittown PA 19058		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Jim Frisbee	Telephone No. 609-203-3114	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) <u>6</u> / <u>1</u> / <u>26</u>	Scheduled Completion Date (11) <u>6</u> / <u>19</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
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>7AM-330PM</u> / <u> </u> PM - <u> </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
Holding Cells 5023 & 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spline Ceiling	168 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Holding Cell 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireproofing	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Holding Cells 5023 & 5024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireproofing Overspray	50 SF	<input checked="" 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"/>
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> / KB			Date 5/19/26				

DD26050

10/26

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

RECEIVED

Date of Notification (1) <u>03</u> / <u>18</u> / <u>26</u>		Name of Building Owner/Operator (2) RP 201 Laurel Property Owner LLC	
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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 435 Devon Park Drive – Suite 500	
		City, State, Zip Code Wayne, PA 19087	
		Name of Contact Tony Bates	Telephone Number

ASBESTOS CONTROL & LICENSING

MAY 20 2026

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Tony4to		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 201 Laurel Rd		Square Feet 198,000	# of Floors 9
City (5) Voorhees		Bldg. Age 1973	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacnet	

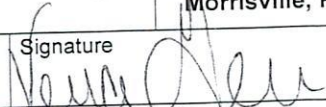
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Development Advisors, LLC		ASCM No.	Name of Abatement Contractor (9) Global Contracting	
Street Address 1600 US-22		Street Address 375 N. Main St		
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Williamstown NJ 08094		
Project Manager for Monitoring Firm Jack F. Carney	Telephone No. 609-381-4022	Telephone No. 609-547-5198	License No. 02142-02	

Start Date (10) <u>03</u> / <u>28</u> / <u>26</u>	Scheduled Completion Date (11) <u>06</u> / <u>15</u> / <u>26</u>	Name of OSHA Monitor Global Contracting		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 375 N. Main St		
		City, State, Zip Code Williamstown NJ 08094		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
4th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	22,000Sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	22,000SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	22,000Sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	22,000sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler American Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30 Yard	Name of Registered Landfill Fairless landfill	
City, State 4575 Torresdale Ave Phila PA 19124		Disposal Date		City, State Morrisville, PA 19067	
Completed By (Print or Type) Vernice Graham	Title Spouse	Signature 		Date 5-18-26	

10/21

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

RECEIVED

Date of Notification (1) 03 / 18 / 26		Name of Building Owner/Operator (2) RP 201 Laurel Property Owner LLC	
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 checked="" type="checkbox"/> Amended Amendment #1	Street Address 435 Devon Park Drive – Suite 500	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Wayne, PA 19087	
	<input type="checkbox"/> Cancellation	Name of Contact Tony Bates	Telephone Number

ASBESTOS CONTROL & LICENSING

MAY 26 2026

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Tony4to		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 201 Laurel Rd		Square Feet 198,000	# of Floors 9
City (5) Voorhees		Bldg. Age 1973	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacnet	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Development Advisors, LLC		ASCM No.	Name of Abatement Contractor (9) Global Contracting
Street Address 1600 US-22		Street Address 375 N. Main St	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Williamstown NJ 08094	
Project Manager for Monitoring Firm Jack F. Carney	Telephone No. 609-381-4022	Telephone No. 609-547-5198	License No. 02142-02
Start Date (10) 03 / 28 / 26	Scheduled Completion Date (11) 06 / 15 / 26	Name of OSHA Monitor Global Contracting	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 375 N. Main St	
		City, State, Zip Code Williamstown NJ 08094	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
4 th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	22,000Sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	22,000SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	22,000Sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	22,000sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler American Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30 Yard	Name of Registered Landfill Fairless landfill
City, State 4575 Torresdale Ave Phila PA 19124	Disposal Date	City, State Morrisville, PA 19067	
Completed By (Print or Type) Vernice Graham	Title Spouse	Signature 	Date 5-18-26

* 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)

RECEIVED

Rock

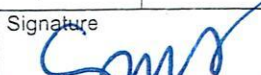
JUN - 1 2026

Date of Notification (1) 05/07/26		Name of Building Owner/Operator (2) Glenwood Development Co., LP								
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 # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 223 Prospect Street								
		City, State, Zip Code Rutherford, NJ 07070								
		Name of Contact Alex Kalos	Telephone Number 201-343-1050							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 144-150 Union Avenue		Square Feet 10,000 +	# of Floors 2							
City (5) Rutherford		Bldg. Age 50 +								
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.							
Street Address		Street Address 1141 Route 23								
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm		Telephone No. (973) 628-9500	License No. 00408							
Start Date (10) 05/19/26	Scheduled Completion Date (11) 06/15/26	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1141 Route 23								
		City, State, Zip Code Wayne, NJ 07470								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Boiler Room			X	Pipe Insulation	75 LF	X				
Boiler Room			X	Boiler Lagging	150 SF	X				
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill						
City, State Wayne, New Jersey		Disposal Date TBD	City, State Pen Argyl, Pennsylvania							
Completed by Jerry Bijelonic		Title Project Manager	Signature				Date 05/29/26			

* 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)

NO
 CK

Date of Notification (1) 5 / 20 / 26		Name of Building Owner/Operator (2) PSE&G / Job #2605-6577 Check #		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 # #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road							
		City, State, Zip Code South Plainfield, NJ		MAY 26 2026							
		Name of Contact Kelsey DuBois		Telephone Number 908-328-4248							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) PSEG Irvington HQ			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 934 Clinton Ave.											
City (5) Irvington			Square Feet	# of Floors	Bldg. Age						
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Headquarters							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.								
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25									
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048									
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529							
Start Date (10) 5 / 26 / 26		Scheduled Completion Date (11) 6 / 1 / 26		Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-12PM/10PM-1AM Weekend			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"/> ≥ 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
SEE ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED		SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill						
City, State Flanders, NJ		Disposal Date 6/1/26		City, State Morrisville, PA							
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 				Date 5-20-26			

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

4363888
 RECEIVED
 MAY 25 2026

PAID

1075

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) ABBEY SIGMA LLC					
Agencies Notified	Type Notification	Street Address 145 SPRING ST, SUITE B					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWTON NJ 07860					
		Name of Contact MARK KONARSKI	Telephone Number 917-710-5424				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) THE ABBEY- BUILDING 2		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 330 ROUTE 206		Square Feet 750	# of Floors 2				
City (5) NEWTON		Bldg. Age 1924					
County (6) SUSSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial				
Street Address		Street Address 54 Morgan Dr					
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871					
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334				
Start Date (10) 6/8/2026	Scheduled Completion Date (11) 7/20/2026	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 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)			Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
EXTERIOR NORTH		X		X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 6	Name of Registered Landfill GRAND CENTRAL			
City, State WAYNE NJ		Disposal Date		City, State PEN ARGYL, PA			
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 5/22/2026		

1074

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

1363892

PAID

RECEIVED

MAY 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 22, 2026		Name of Building Owner/Operator (2) ABBEY SIGMA LLC										
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation										
Street Address 145 SPRING ST, SUITE B		City, State, Zip Code NEWTON NJ 07860										
Name of Contact MARK KONARSKI		Telephone Number 917-710-5424										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) THE ABBEY- BUILDING 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 & commercial buildings, homes, etc.)										
Street Address 330 ROUTE 206		Square Feet 1500	# of Floors 1									
City (5) NEWTON		Bldg. Age 1924										
County (6) SUSSEX		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commerical									
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) 6/8/2026	Scheduled Completion Date (11) 7/20/2026	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 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	LOWER ROOF	ROOFING MATERIAL	200 SF	Removal		Repair	Encapsulate	Enclosure	
	X								X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL								
City, State WAYNE NJ		Disposal Date		City, State PEN ARGYL, PA								
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>				Date 5/22/2026					

2069

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

4363896
CHECK # 2069



RECEIVED

MAY 26 2026

Date of Notification (1) 05/20/2026		Name of Building Owner/Operator (2) B&B POULTRY COMPANY INC.	
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 110 ALMOND ROAD	
		City, State, Zip Code ELMER NJ 08318	
		Name of Contact SCOTT MEANDRO	Telephone Number 609-805-2545

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) B&B POULTRY 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 110 ALMOND ROAD		Square Feet 10,000	# of Floors 1
City (5) ELMER		Bldg. Age 50+	
County (6) SALEM	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

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) 05/30/2026	Scheduled Completion Date (11) 05/31/2026	Name of OSHA Monitor EMSL		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 RT. 130 NORTH		
		City, State, Zip Code CINNAMINSON NJ 08077		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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
OFFICE			X	FLOOR TILE	400 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 06	Name of Registered Landfill SALEM COUNTY LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 06/02/2026	City, State ALLOWAY TWP. NJ		
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 05/20/2026	

1099

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

1193179
 RECEIVED

MAY 26 2026

Date of Notification (1): 5/19/2026		Name of Building Owner/Operator (2) Manchester Regional Board of Education	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 70 Church Street	
		City, State, Zip Code: Haledon, NJ 07508	
		Name of Contact: Ms. Lameka Augustin	Telephone Number: 908-389-2872

ASBESTOS CONTROL & LICENSING


FACILITY INFORMATION

Name of Facility: Manchester Regional High School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
70 Church Street			Square Feet: # of Floors:	
City/ (5) Haledon	County (6): Passaic	County Code (7): 07825	Bldg. Age Current Use: School	
Name of Monitoring Firm Hired by Building Owner: RK OCCUPATIONAL AND ENVIRONMENTAL ANALYSIS, INC.		ASCM No.: 0090	Name of Abatement Contractor (9): Apex Development, Inc.	
Street Address: 401 St James Avenue			Street Address: 358 Broadway	
City, State, Zip Code: Phillipsburg, NJ 08865			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Pat McGuinness		Telephone No.: 908-454-6316	Telephone No.: (973) 350-0101	License No.: 01215
Start Date (10): 06/24/2026	Scheduled Completion Date (11): 07/09/2026		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: <u>un-occupied sub-8</u>			Street Address: 255 West 36th 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"/> 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	Encapsulat	Enclosure
GIRL'S LOCKER AND TOILET AREAS		X		AIR CELL PIPE INSULATION	240 SF	*			
BOY'S LOCKER AND TOILET AREA		X		AIR CELL PIPE INSULATION	320 SF	*			
ABOVE LOCKER ROOM OFFICE		X		AIR CELL/CONE RING PIPE INSULATION	40 LF	*			
ABOVE SHOWER/DRYING ROOMS		X		AIR CELL/CONE RING PIPE INSULATION	150 LF	*			
ABOVE TOILET ROOMS		X		AIR CELL/CONE RING PIPE INSULATION	160 LF	*			
LOCKER ROOM OFFICES		X		CONE RING PIPE INSULATION	40 LF	*			
SHOWER ROOMS		X		CONE RING PIPE INSULATION	180 LF	*			

TOILET ROOMS		X		CONE RING PIPE INSULATION	80 LF	*			
Name of Registered Waste Hauler: Century Waste Service/Apex Development, Inc.		NJDEP Waste Hauler ID No.: 04509/0035729		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: 		Date: 05/19/2026			

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

RECEIVED

1301
 p of 2

Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) AJAX Management Group							
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 80 Hamilton Avenue, Suite 101							
		City, State, Zip Code Trenton, NJ							
		Name of Contact Daniel Brenna	Telephone Number 609-656-8300						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office 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 25 South Montgomery		Square Feet 80,000	# of Floors 7						
City (5) Trenton		Bldg. Age 65							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) FINOG ENVIRONMENTAL INC		ASCM No. _____	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC						
Street Address 617 Stokes Road , Suite 4-318		Street Address 958 Jackson Rd							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Mays landing, NJ 08330							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 609-547-5198						
		License No. 01158							
Start Date (10) 05/30/2026	Scheduled Completion Date (11) 06/30/2026	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 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			X	Asbestos Floor Tile	61 Sqft	X			
Second Floor			X	Asbestos Floor Tile	20 Sqft	X			
Third Floor			X	Asbestos Floor Tile	8 Sqft	X			
Forth Floor			X	Asbestos Floor Tile	20 Sqft	X			
Name of Registered Waste Hauler Graham Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 20Yard	Name of Registered Landfill Fairless Hills Landfill					
City, State Mays Landing, NJ 08330		Disposal Date		City, State Morrisville, PA 19067					
Completed by Vernice Graham		Title Spouse	Signature 		Date 05/21/2026				

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

P2 of 2

RECEIVED

Date of Notification (1) 05/21/2026		Name of Building Owner/Operator (2) AJAX Management Group								
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 80 Hamilton Avenue, Suite 101							
	City, State, Zip Code Trenton, NJ		Telephone Number 609-656-8300							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Office 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 25 South Montgomery		Square Feet 80,000	# of Floors 7							
City (5) Trenton		Bldg. Age 65								
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office Building								
Name of Monitoring Firm Hired by Building Owner (8) FINOG ENVIRONMENTAL INC		ASCM No. _____	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC							
Street Address 617 Stokes Road , Suite 4-318		Street Address 958 Jackson Rd								
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Mays landing, NJ 08330								
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 609-547-5198							
License No. 01158		Name of OSHA Monitor Graham-Tech Environmental Service, LLC								
Start Date (10) 05/30/2026	Scheduled Completion Date (11) 06/30/2026	Street Address 958 Jackson Rd								
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 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 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 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	
Fifth Floor			X	Asbestos Floor Tile	7 Sqft	X				
Sixth Floor			x	Asbestos Floor Tile	4 Sqft	x				
Seventh Floor			X	Asbestos Floor Tile	2 Sqft	x				
Name of Registered Waste Hauler Graham Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 20Yard	Name of Registered Landfill Fairless Hills Landfill						
City, State Mays Landing, NJ 08330			Disposal Date	City, State Morrisville, PA 19067						
Completed by Vernice Graham		Title Spouse	Signature <i>Vernice Graham</i>			Date 05/21/2026				

5820



PAID

3935023

Print Form

RECEIVED

HMD 25-216

MAY 26 2026

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/20/2026		Name of Building Owner/Operator (2) Somerset Holmdel, LLC. Ck#5020								
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 101 Crawfords Corner Rd.								
		City, State, Zip Code Holmdel, NJ 07733								
		Name of Contact David Schreiber	Telephone Number 732 415 7102							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Bell Works		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 Crawfords Corner Rd.		Square Feet 2 MM	# of Floors 6							
City (5) Holmdel		Bldg. Age 1950's								
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Office Space								
Name of Monitoring Firm Hired by Building Owner (8) Damar Environmental Corp		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic, LLC							
Street Address 744 Princeton Street		Street Address 16 Glenwild Ave.								
City, State, Zip Code New Milford, NJ 07646		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm John Aragveli		Telephone No. (718) 414-9079	Telephone No. 973-928-3995							
License No. 01181		Name of OSHA Monitor Hazmat Diagnostic, LLC								
Start Date (10) 06-04-2026	Scheduled Completion Date (11) 06-20-2026									
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: M-F 6pm-2:30 am/ S-S 7:00am-3:30pm		Street Address 16 Glenwild Ave								
		City, State, Zip Code Bloomingdale, NJ 07403								
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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Concourse Level C1-C6			x	Red Seam Sealant on Duct	990 LF	x				
Concourse Level C1-C6			x	Floor Tile Mastic Remnants	29 SF	x				
1st Flr(off lobby)throughout			x	Red Seam Sealant on Duct	995 SF	x				
1st Flr(off lobby)M1-M3			x	Floor Tile Mastic Remnants	120 SF	x				
Name of Registered Waste Hauler Hazmat Diagnostic, LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste 60 CY	Name of Registered Landfill Minerva Landfill						
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH						
Completed by Deni Naumovski		Title President		Signature Deni Naumovski			Date 5-20-2026			

