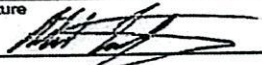


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

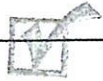
RECEIVED

Date of Notification (1) 7/22/26		Name of Building Owner/Operator (2) AUG 6 2020							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☒ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 11 Coursen Way		City, State, Zip Code Madison, NJ 07940							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 Coursen Way		Square Feet 2500							
City (5) Madison		# of Floors 2							
County (6) Morris		Bldg. Age 60 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 55 Cannonball Rd.							
Project Manager for Monitoring Firm		City, State, Zip Code Pompton Lakes, NJ 07442							
Telephone No.		Telephone No. 201-600-3184							
Start Date (10) 08/02/26		License No. 01305							
Scheduled Completion Date (11) 8/06/26		Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8 A.M. to 4 P.M.		Street Address							
City, State, Zip Code									
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	646 SF	X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 6 YD		Name of Registered Landfill Chrin Brothers Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 7/23/26			

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

Date of Notification (1) 07/23/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 1584 Ridgway Street							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Union, New Jersey , 07083							
		Name of Contact	Telephone Number & Title						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 1584 Ridgway Street		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union	County (6) Union	Square Feet	# of Floors 50+						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ILV Contracting LLC						
Street Address		Street Address 16 Hillcrest Ave							
City, State, Zip Code		City, State, Zip Code Clifton New Jersey 07013							
Project Manager for Monitoring Firm		Telephone No. 917-403-3160	License No. 02132						
Start Date (10) 07/24/2026	Scheduled Completion Date (11) 08/02/2026	Name of OSHA Monitor ILV Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 16 Hillcrest Ave							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code Clifton New Jersey 07013							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor			na	tiles	400	x		x	
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 0042514	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfield					
City, State Clifton, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>				Date 07/23/2026		

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



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Date of Notification (1) 08/07/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	36-15 Stelton Terrace City, State, Zip Code Fair Lawn, New Jersey ,07410							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 36-15 Stelton Terrace		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn		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)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 08/08/2026		Scheduled Completion Date (11) 08/15/2026							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		ILV Contracting LLC Street Address 16 Hillcrest Ave City, State, Zip Code Clifton, New Jersey 07013							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ Renovation ☒ Full Containment with Negative Pressure ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-Enclosure ☐ ☐ ☐ Glovebag Procedure ☐ ☐ ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
second floor - bedroom			na	tiles	148	x		x	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
ILV Contracting LLC		0042514		Grand Central Landfill					
City, State		Disposal Date		City, State					
Clifton New Jersey		TBD		Pen Argyl, PA					
Completed by		Title	Signature			Date			
Ivana Velkov		President	<i>I Velkov</i>			08/07/2026			

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

Date of Notification (1) 07/23/2026		Name of Building Owner/Operator (2) T							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 146 Church Street							
		City, State, Zip Code Haledon, New Jersey 07508							
		Name of Contact _____							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 146 Church Street		Square Feet	# of Floors						
City (5) Haledon		Bldg. Age 50+							
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) ILV Contracting LLC						
Street Address		Street Address 16 Hillcrest Ave							
City, State, Zip Code		City, State, Zip Code Clifton New Jersey 07013							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 917-403-3160						
			License No. 02132						
Start Date (10) 07/25/2026		Scheduled Completion Date (11) 08/02/2026							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor ILV Contracting LLC Street Address 16 Hillcrest Ave City, State, Zip Code Clifton New Jersey 07013							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			N/A	Pipes	40	x		x	
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 0042514	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfill					
City, State Clifton, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Ivana Velkov		Title President		Signature <i>I Velkov</i>				Date 07/23/2026	

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

Date of Notification (1) 07/27/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 21 Sheffield Terrace							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code West Orange, New Jersey, 07052							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 21 Sheffield Terrace		Square Feet	# of Floors						
City (5) West Orange		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ILV Contracting LLC						
Street Address		Street Address 16 Hillcrest Ave							
City, State, Zip Code		City, State, Zip Code Clifton New Jersey 07013							
Project Manager for Monitoring Firm		Telephone No.	License No. 02132						
Start Date (10) 07/28/2026		Scheduled Completion Date (11) 08/02/2026							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor ILV Contracting LLC							
		Street Address 16 Hillcrest Ave							
		City, State, Zip Code Clifton New Jersey 07013							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
the basement crawl space			NA	pipe insulation	100	x		x	
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 0042514	Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfill					
City, State Clifton, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Ivana Velkov		Title President	Signature <i>I Velkov</i>			Date 07/26/2026			

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

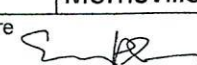
Date of Notification (1) 08/03/2026		Name of Building Owner/Operator (2) 9 White Terrace		RECEIVED AUG 25 2026					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 9 White Terrace City, State, Zip Code Nutley, New Jersey 07110 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 9 White Terrace				Square Feet _____ # of Floors 2 Bldg. Age 50+					
City (5) Nutley				Current Use (Prior if being demolished) _____					
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) ILV Contracting LLC					
Street Address		Street Address 16 Hillcrest Ave							
City, State, Zip Code		City, State, Zip Code Clifton, New Jersey 07013							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 917-403-3160 License No. 02132					
Start Date (10) 08/03/2026		Scheduled Completion Date (11) 08/10/2026		Name of OSHA Monitor ILV Contracting LLC					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address 16 Hillcrest Ave City, State, Zip Code Clifton, New Jersey, 07013					
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			NA	Vermiculite insulation	650	X		X	
Name of Registered Waste Hauler ILV Contracting LLC		NJDEP Waste Hauler ID No. 0042514		Cubic Yards of Waste	Name of Registered Landfill Grand Central Landfilled				
City, State Clifton, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Ivana Velkov		Title President		Signature <i>I Velkov</i>			Date 08/03/2026		

4282

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

AUG 21 2006

Date of Notification (1) 8 / 18 / 26		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 17 Acadia Lane							
		City, State, Zip Code Howell, NJ 07731							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 9 E Saddle River Rd		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Saddle River	Square Feet 7000	# of Floors 3	Bldg. Age 126						
County (6) Bergen	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		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) 8 / 19 / 26	Scheduled Completion Date (11) 8 / 20 / 26	Name of OSHA Monitor AZ Solution Consulting							
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 27 Susquehanna Ave City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler room	☐	☐	☐	Pipe insulation	150LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 8/21/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 				Date 8/18/26	

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

Date of Notification (1) 8 / 17 / 26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 42 River Edge Road City, State, Zip Code Tinton Falls, NJ 07724 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 42 River Edge Rd		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Tinton Falls	Square Feet 2300	# of Floors 2	Bldg. Age 68						
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499						
Start Date (10) 8 / 18 / 26		Scheduled Completion Date (11) 8 / 19 / 26	License No. 01196						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Name of OSHA Monitor AZ Solution Consulting							
Street Address 27 Susquehanna Ave		City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply)									
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ 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/family room/laundry room	☐	☐	☐	Floor tile	350SF	☒	☐	☐	☐
Bedroom/family room/laundry room	☐	☐	☐	Mastic	350SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 8/20/26	City, State Morrisville, PA						
Completed By (Print or Type) Eric Plackis		Title President	Signature 				Date 8/17/26		

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

RECEIVED

Date of Notification (1) 8 / 19 / 26		Name of Building Owner/Operator (2) AUG 24 2026							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address 69 Stevens Avenue City, State, Zip Code Old Bridge, NJ 08857 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 69 Stevens Avenue		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Old Bridge		Square Feet 1529	# of Floors 2 Bldg. Age 68						
County (6) Middlesex	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499 License No. 01196						
Start Date (10) 8 / 20 / 26	Scheduled Completion Date (11) 8 / 21 / 26		Name of OSHA Monitor AZ Solution Consulting						
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 27 Susquehanna Ave City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Family Room	☐	☐	☐	Mastic	280SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Brick, NJ		Disposal Date 8/22/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 		Date 8/19/26			

Emergency

12014

PAID

Check # 12014

Print Form

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

RECEIVED

AUG 20 2026

Date of Notification (1) AUGUST 18, 2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 63 FAIRMOUNT DRIVE		City, State, Zip Code WILLINGBORO, NJ 08046							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 63 FAIRMOUNT DRIVE		Square Feet	# of Floors 2						
City (5) WILLINGBORO, NJ 08046		Bldg. Age 60+-							
County (6) BURLINGTON		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES		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 08633		City, State, Zip Code NEW EGYPT, NJ 08633							
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 709-744-6384	Telephone No. 609-744-6384						
Start Date (10) AUGUST 24, 2026		Scheduled Completion Date (11) AUGUST 25, 2026	License No. 00394						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor EPC TECHNOLOGIES INC							
		Street Address P.O. BOX 337							
		City, State, Zip Code NEW EGYPT, NJ 08533							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1ST FLOOR LEVEL	XXX			FLOOR TILES	500 SF	XXX			
Name of Registered Waste Hauler EPC TECHNOLOGIES INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill FAIRLESS LANDFILL					
City, State NEW EGYPT, NEW JERSEY			Disposal Date 8/25/26	City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT	Signature <i>Steve Schenker</i>	Date 8/18/26					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

PAID

Date of Notification (1) 8/14/26		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address 17 Winston Dr	
☒ EPA ☒ DEP ☒ DOL	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Somerset, NJ 08873	
☒ DOH ☐ DCA		Name of Contact	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 17 Winston Drive		Square Feet	# of Floors
City (5) Somerset		Bldg. Age	
County (6) Somerset County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Asbestos
Street Address		Street Address 2208B Hamilton Blvd	
City, State, Zip Code		City, State, Zip Code South Plainfield, NJ 07080	
Project Manager for Monitoring Firm		Telephone No.	License No. 02010
Start Date (10) 8/16/26	Scheduled Completion Date (11) 8/21/26	Name of OSHA Monitor Chris Weber	
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 2208B Hamilton Blvd	
		City, State, Zip Code South Plainfield, NJ 07080	
Scope of Work (Check All That Apply)			
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) In Facility (13) 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)
	Yes	No	
1st Floor		X	VAT
		X	
		X	
		X	
Name of Registered Waste Hauler AAA Asbestos		NJDEP Waste Hauler ID No. 113709	Name of Registered Landfill Grand Central Landfill
City, State Newark, NJ		Disposal Date TBD	City, State Pen Argyl, PA
Completed by Frank Formisano		Title Owner	Signature Frank Formisano Date 8/14/26

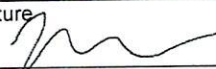
RECEIVED

AUG 20 2026

LICENSING

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

RECEIVED

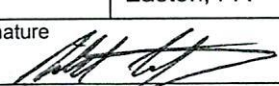
Date of Notification (1) 8/19/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 1179 Blazo Terrace							
		City, State, Zip Code Mountainside, NJ 07092							
		Name of Contact _____							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1179 Blazo Terrace									
City (5) Mountainside	Square Feet unknown	# of Floors 2	Bldg. Age unknown						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Child Center							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Gold Coast Management LLC						
Street Address _____		Street Address 30 Sherman Ave							
City, State, Zip Code _____		City, State, Zip Code Jersey City, NJ 07307							
Project Manager for Monitoring Firm TBD		Telephone No. _____	Telephone No. 908-270-8556						
		License No. 02109							
Start Date (10) 8/26/2026	Scheduled Completion Date (11) 8/27/2026		Name of OSHA Monitor John Kim						
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 254 Ridgewood Ave						
			City, State, Zip Code Glen Ridge NJ 07028						
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf									
☐ Renovation ☐ Demolition									
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X		X	Duct Insulation	10 LF	X			
Basement			X	VAT	40 SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 3	Name of Registered Landfill Conestoga Landfill					
City, State Elizabeth, NJ			Disposal Date _____	City, State Morgantown PA					
Completed by John Kim		Title President		Signature 			Date 8/19/2026		

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

Date of Notification (1) 8/14/26		Name of Building Owner/Operator (2)							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation							
Street Address 8 Allamuchy Tr.		City, State, Zip Code Byram Township, NJ 07821							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 Allamuchy Tr.		Square Feet 2000	# of Floors 2						
City (5) Byram Township		Bldg. Age 60 +/-							
County (6) Sussex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/15/26	Scheduled Completion Date (11) 8/17/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		VAT	68 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President		Signature 				Date 8/14/26	

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

RECEIVED

Date of Notification (1) 8/14/26		Name of Building Owner/Operator (2) AUG 24 2026							
Agencies Notified	Type Notification	Street Address 272 Woodland Ave.							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code River Edge, NJ 07661							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 272 Woodland Ave.		Square Feet 2150	# of Floors 2						
City (5) River Edge		Bldg. Age 60 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/15/26	Scheduled Completion Date (11) 8/17/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl		x		Duct Wrap	58 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 8/14/26		

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

1829

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AUG 2 2025

ASBESTOS CONTROL & LICENSING

Date of Notification (1)
 8-19-26

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Street Address
 676 DUTCH MILL RD.

City, State, Zip Code
 NEWFIELD N.J. 08344

Telephone Number

FACILITY INFORMATION

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

Street Address
 676 DUTCH MILL RD.

City (5)
 NEWFIELD

County (6)
 GLOUCESTER

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
 1200

of Floors
 2

Bldg. Age
 NA

Current Use (Prior if being demolished)
 RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)
 ATLAS ENV. INSPECT

Street Address
 PO Box 11645

City, State, Zip Code
 PHILA PA 19116

Project Manager for Monitoring Firm
 JASON DUA

Telephone No.
 267-784-4693

ASCM No.

Name of Abatement Contractor (9)
 FRIMAR CONSTRUCTION

Street Address
 103 PRESERVE LN.

City, State, Zip Code
 N. WALES PA 19454

Telephone No.
 267-784-4694

License No.
 C1276

Name of OSHA Monitor
 JASON DUA

Street Address
 PO Box 11645

City, State, Zip Code
 PHILA PA 19116

Start Date (10)
 8-25-26

Scheduled Completion Date (11)
 8-26-26

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler
 FRIMAR CONSTRUCTION

City, State
 MONTGOMERYVILLE PA

NJDEP Waste Hauler ID No.
 0037659

Cubic Yards of Waste
 1

Disposal Date
 NA

Name of Registered Landfill
 WESTERN BERKS CL

City, State
 GREEBORO PA

Completed by
 EFRAIM DUA

Title
 VP

Signature
 Efrain DUA

Date
 8-19-26

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

RECEIVED

Date of Notification (1) 08 / 17 / 26		Name of Building Owner/Operator (2) St. Peter Academy							
Agencies Notified ☐ EPA ☒ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 431 Fifth Ave							
		City, State, Zip Code River Edge, NJ 07661							
		Name of Contact Dr. Kevin Flanagan	Telephone Number 201-261-3468						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Peter Academy		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 431 Fifth Ave									
City (5) River Edge NJ		Square Feet 10,000+	# of Floors 4						
		Bldg. Age 50+							
County (6) Bergen County		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) N/a		ASCM No. N/a	Name of Abatement Contractor (9) EA Services Corp						
Street Address N/a		Street Address 530 Church St							
City, State, Zip Code N/a		City, State, Zip Code Ridgefield NJ 07657							
Project Manager for Monitoring Firm N/a		Telephone No. N/a	Telephone No. 201-295-1700						
		License No. 01074							
Start Date (10) 08 / 18 / 26		Scheduled Completion Date (11) 08 / 21 / 26							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 10AM-5PM / ____ PM - ____ AM		Name of OSHA Monitor N/a							
		Street Address N/a							
		City, State, Zip Code N/a							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition									
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Room 6	☐	☒	☐	ACM Debris	10SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler EA Services Corp		NJDEP Waste Hauler ID No. 103879	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprise					
City, State Ridgefield NJ		Disposal Date tbd		City, State Waynesburg, OH					
Completed By (Print or Type) Michael Fajardo		Title Project Manager		Signature			Date		

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

PAID

Date of Notification (1) 08/13/2026		Name of Building Owner/Operator Fort Lee Board of education	
Agencies Notified ☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒ DOH		Notification Type ☐ Initial Notification ☐ Amended #3 ☒ Emergency notification (including justification) ☐ Cancelled	
Street Address 3000 Lemoine Avenue 6th Floor		City, State, Zip Code Fort Lee NJ 07024	
Name of Contact David Cabrera		Telephone Number 551-204-0437	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Forth Lee High School		Type of Facility (4)x ☐ School (K-12) Subchapter 8 ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings., homes, etc.)	
Street Address 3000 Lemoine Avenue		Sq. Feet: 40,000+ # of Floors: 2 Bldg. Age: 50+ Current Use (prior if being demolished): School	
City (5) Fort Lee NJ	County (6) Bergen	County Code (7) (State Use Only)	
City (5) 07024			
Name of Monitoring Firm Hired by Bldg. Owner Karl Associates		ASCM No.	
Name of Contractor (9) BL Contracting Inc.		Street Address 5 Marguerite Lane	
PO Box 646		City, State, Zip Code Towaco NJ 07082	
Shillington PA19678		Telephone Number 973-901-0153	
Project Manager for Monitoring Firm Ed Karl		License Number 01265	
Scheduled Start Date (10) 08/15/2026		Scheduled Completion Date (11) 08/18/2026	
Name of OSHA Monitoring BL Contracting Inc		Street Address 5 Marguerite Lane	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other - Describe: Monday - Saturday 7 am - 4pm		City, State, Zip Code Towaco NJ 07082	
Source of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Wrap & Cut Procedure ☐ Full Containment ☒ Tent Glove-bag Procedure ☐ Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Room 128	☒	Pipe Fitting Insulation	5 LF
Room 152	☒	Pipe Fitting Insulation	4 LF
Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R..F
Disposal Date 08/15/2026		City, State Tully town, PA	
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature <i>Nedo Vasilic</i>	Date 08/13/2026

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

Check# 1341

Date of Notification (1) 08/13/2026		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 51 Meadowbrook Place City, State, Zip Code South Orange, NJ 07079 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 51 Meadowbrook Place		Square Feet	# of Floors						
City (5) South Orange, NJ 07079		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) 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) 08/23/2026	Scheduled Completion Date (11) 08/24/2026	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg.# 35 E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Duct insulation	70 SF	x			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed by G.Ristanovic		Title Owner	Signature <i>Gradimir Ristanovic</i>			Date 08/13/2026			

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

CK# 003936
RECEIVED

Date of Notification (1) 08/12/26		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 80 Tulip Street							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Bergenfield, NJ 07621							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 80 Tulip Street		Square Feet 2,500 +	# of Floors 2						
City (5) Bergenfield		Bldg. Age 50 +							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) 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) 08/24/26	Scheduled Completion Date (11) 09/08/26	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1141 Route 23							
		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Siding	1,425 SF	X			
1st Floor			X	Transite Tile	56 SF	X			
			X	Linoleum Flooring	96 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 08/12/26			

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

Date of Notification

7/20/26

Name of Building Owner/Operator (2)

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Street Address

49 Cambridge Rd

City, State, Zip Code

Montclair, NJ, 07042

Name of Contact

Telephone Number

CENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

49 Cambridge Rd

City

Montclair

County

ESSEX

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

08 01 26

Month Day Year

Sched. Completion Date (11)

08 02 26

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

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-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	E
Basement			X	Pipe Insulation	10 LF	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

08/03/26

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

7/20/26

49 Cambridge Rd

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

Date of Notification (1) 08/13/26		MS#26-123		Name of Building Owner/Operator (2)					
Agencies Notified		Type Notification		Street Address					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		30 Harding Ave					
				City, State, Zip Code Clark, NJ 07066					
				Name of Contact		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 30 Harding Ave				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Clark, NJ				Square Feet 1,200		# of Floors 2			
						Bldg. Age 60			
County (6) Union				County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc			
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-345-8020			
						License No. 01169			
Start Date (10) 08/27/2026		Scheduled Completion Date (11) 08/28/2026		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 20 California Ave					
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Regular Hours				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		
		Yes	No	N/A					
Basement					Boiler Insulation		40 SF	X	
Name of Registered Waste Hauler D&S Restoration, Inc				NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1 CYD		Name of Registered Landfill Tullytown Resource Recovery	
City, State Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA			
Completed by Bogdan Joldzic				Title President		Signature <i>Bogdan Joldzic</i>		Date 08/13/2026	

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

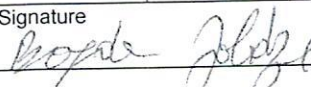
RECEIVED

Date of Notification (1) 08/13/26		MS#26-120		Name of Building Owner/Operator (2)								
Agencies Notified		Type Notification		Street Address								
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		249 2nd St								
				City, State, Zip Code Perth Amboy, NJ 08879								
				Name of Contact		Telephone Number						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)								
Street Address 249 2nd Street				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Perth Amboy				Square Feet 1,300		# of Floors 2						
						Bldg. Age 70						
County (6) Middlesex				County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc						
Street Address				Street Address 20 California Ave								
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503								
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-345-8020						
						License No. 01169						
Start Date (10) 08/26/2026		Scheduled Completion Date (11) 08/28/2026		Name of OSHA Monitor D&S Restoration, Inc								
Occupancy Status During Abatement (Check Only One)				Street Address 20 California Ave								
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				City, State, Zip Code Paterson, NJ 07503								
Scope of Work (Check All That Apply)												
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 33 LF		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Basement Storage Room					Pipe Insulation				X			
Name of Registered Waste Hauler D&S Restoration, Inc				NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1/2 CYD		Name of Registered Landfill Tullytown Resource Recovery				
City, State Paterson, NJ 07503						Disposal Date TBD		City, State Tullytown, PA				
Completed by Bogdan Joldzic				Title President		Signature <i>Bogdan Joldzic</i>			Date 08/13/2026			

PAID

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

RECEIVED

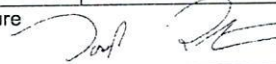
Date of Notification (1) 08/13/26		MS#26-118		Name of Building Owner/Operator (2)					
Agencies Notified		Type Notification		Street Address					
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		135 West Locust Ave					
				City, State, Zip Code Hamilton, NJ 08610					
				Name of Contact		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 135 West Locust Ave				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hamilton, NJ				Square Feet 1,200		# of Floors 2			
						Bldg. Age 80			
County (6) Mercer			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential				
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) D&S Restoration, Inc				
Street Address				Street Address 20 California Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-345-8020		License No. 01169		
Start Date (10) 08/25/2026		Scheduled Completion Date (11) 08/27/2026		Name of OSHA Monitor D&S Restoration, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 20 California Ave					
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Regular Hours				City, State, Zip Code Paterson, NJ 07503					
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				Boiler Insulation	35 SF	X			
Name of Registered Waste Hauler D&S Restoration, Inc		NJDEP Waste Hauler ID No. 13506		Cubic Yards of Waste 1 CYD		Name of Registered Landfill Tullytown Resource Recovery			
City, State Paterson, NJ 07503				Disposal Date TBD		City, State Tullytown, PA			
Completed by Bogdan Joldzic		Title President		Signature 		Date 08/13/2026			

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

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2)					
Agencies Notified	Type Notification	Street Address					
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	49 Locust Drive, City, State, Zip Code Morris Plains, NJ 07950					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)					
Street Address 49 Locust Drive,		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Morris Plains		Square Feet 2000	# of Floors 1				
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 70				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) 08/20/2026		Scheduled Completion Date (11) 08/21/2026					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Arsenije Adamov Street Address 170 Kinnelon Rd, Suite 32 City, State, Zip Code Kinnelon, NJ 07405					
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			
				Removal	Repair	Encapsulate	Enclosure
Basement and Staircase	Yes No N/A ✓	Tile and Mastic	450 SF	✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
Acme Professional Services Corp		0038176	2	Fairless Landfill			
City, State Kinnelon, NJ		Disposal Date 08/24/2026		City, State Morrisville, PA			
Completed by Samantha Zamora		Title Project Coordinator	Signature <i>Samantha Zamora</i>		Date 08/12/2026		

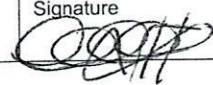
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 225 ATLANTIC CITY BLVD							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code BAYVILLE NJ 08721							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 225 ATLANTIC CITY BLVD		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) BAYVILLE		Square Feet	# of Floors						
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm	Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649						
		License No. 1200							
Start Date (10) 08/24/2026	Scheduled Completion Date (11) 08/24/2026		Name of OSHA Monitor AAA Lead Professionals						
Occupancy Status During Abatement (Check Only One)		Street Address 6 White Dove Court							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe:		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	1500 SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 6	Name of Registered Landfill TEST					
City, State Lakewood, NJ		Disposal Date 08/24/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 08/12/2026			

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

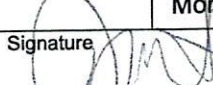
RECEIVED

Date of Notification (1) 08/06/2026		Name of Building Owner/Operator (2) D&dD Construction and Garage Doors LLC																					
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 82 Prospect st City, State, Zip Code Jersey City NJ 07307 Name of Contact _____ Telephone Number _____																				
	FACILITY INFORMATION																						
	Name of Facility Where Abatement is Taking Place (3) Street Address 82 Prospect st City (5) Jersey City County (6) Hudson		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____																				
Name of Monitoring Firm Street Address City, State, Zip Code		Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. _____ Name of Abatement Contractor (9) E & V Services LLC Street Address 711 Sip Street City, State, Zip Code Union City NJ 07087																			
Project Manager for Monitoring Firm Telephone No. _____		Telephone No. _____ License No. _____		Name of OSHA Monitor Street Address City, State, Zip Code																			
Start Date (10) 08/20/2026		Scheduled Completion Date (11) 08/30/2026		Name of OSHA Monitor Street Address City, State, Zip Code																			
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		Street Address City, State, Zip Code																					
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure																							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) EXTERIOR	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td></td> <td style="text-align: center;">x</td> <td></td> </tr> </table>			Yes	No	N/A		x		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 2300 SF	Abatement Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> <tr> <td style="text-align: center;">x</td> <td></td> <td></td> <td></td> </tr> </table>				Removal	Repair	Encapsulate	Enclosure	x			
	Yes	No	N/A																				
	x																						
Removal	Repair	Encapsulate	Enclosure																				
x																							
Name of Registered Waste Hauler TRISTATE TRANSFER INC		NJDEP Waste Hauler ID No. 24-1129		Cubic Yards of Waste 2		Name of Registered Landfill MINERVA ENTERPRISES LLC																	
City, State BRONX NY 10474		Disposal Date		City, State WAYNESBURG OH 44688		Completed by Angel Penaherrera																	
Title Owner		Signature 		Date 08/06/2026																			

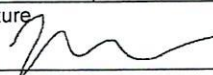
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>8</u> / <u>17</u> / <u>26</u>		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # <u>1</u> ☐ Emergency (including justification) ☐ Cancellation	Street Address 250 Howard Avenue							
		City, State, Zip Code Rochelle Park, NJ 07663							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 250 Howard Avenue		Square Feet 1294	# of Floors 1						
City (5) Rochelle Park		Bldg. Age 76							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ECC Inc.		ASCM No.	Name of Abatement Contractor (9) Dynamics Development Services inc.						
Street Address 417 Fifth Avenue 8th Floor		Street Address 169 557 Grand Concourse suite 3-51							
City, State, Zip Code New York, NY 10016		City, State, Zip Code Bronx, NY 10451							
Project Manager for Monitoring Firm Clayton Long		Telephone No. 6464764736	Telephone No. 7189061055						
		License No. 01241							
Start Date (10) <u>7</u> / <u>31</u> / <u>26</u>	Scheduled Completion Date (11) <u>8</u> / <u>17</u> / <u>26</u>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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	☐	☐	☒	9x9 flor tile and mastic	90sf	☒	☐	☐	☐
First Floor Living room	☐	☐	☒	9x9 Floor tile and mastic	144sf	☒	☐	☐	☐
First Floor Foyer	☐	☐	☒	9x9 Floor tile and mastic	16sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 8/7/26		City, State Pen Argyl, PA 10872					
Completed By (Print or Type) Angela martinez		Title Owner		Signature <i>Angela Martinez</i>			Date 8/17/26		

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

Date of Notification (1) 8/14/2026		Name of Building Owner/Operator (2) 							
Agencies Notified	Type Notification	Street Address 7014 Grand Avenue							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code North Bergen, NJ 07047							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 237 76th Street		Square Feet	# of Floors						
City (5) North Bergen		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) Enviro88, Inc.						
Street Address		Street Address 225 US Highway 46, Suite 5							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-785-2188	License No. 02098						
Start Date (10) 8/24/2026	Scheduled Completion Date (11) 8/27/2026	Name of OSHA Monitor Enviro88, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 225 US Highway 46, Suite 5							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	ACM soil cleanup	1,500SF	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 Jean Patti		Title Administration	Signature 			Date 8/14/2026			

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

Date of Notification (1) 8/14/2026		Name of Building Owner/Operator (2) Shellar Company, LLC		RECEIVED AUG 19 2026							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 27 Loring Avenue City, State, Zip Code Providence, RI 02906 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) 88 Monroe			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 88 Monroe Pl			Square Feet unknown								
City (5) Bloomfield			# of Floors 4		Bldg. Age unknown						
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____		Name of Abatement Contractor (9) Gold Coast Management LLC							
Street Address		Street Address 30 Sherman Ave									
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307									
Project Manager for Monitoring Firm TBD		Telephone No. _____		Telephone No. 908-270-8556 License No. 02109							
Start Date (10) 8/24/2026		Scheduled Completion Date (11) 9/24/2026		Name of OSHA Monitor David Cuevas							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Damaged units will be unoccupied				Street Address 30 Sherman Ave City, State, Zip Code Jersey City, NJ 07307							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☒ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
Units 104, 105, 107, 108, 204, 205				X	Plaster	11,000 SF	X				
304, 305, 404, 405											
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 200	Name of Registered Landfill Conestoga Landfill						
City, State Elizabeth, NJ				Disposal Date	City, State Morgantown PA						
Completed by John Kim		Title President		Signature 			Date 8/14/2025				

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Print Form

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

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Date of Notification (1) 08-12-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.		AUG 18 2006					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 40 Deforest Ave. City, State, Zip Code East Hanover, NJ 07936 Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 934 Lincoln Ave			Square Feet _____ # of Floors 2 Bldg. Age _____						
City (5) Manville			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) 08-14-26		Scheduled Completion Date (11) 08-26-26		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				Street Address 1119 East Grand City, State, Zip Code Elizabeth, NJ 07201					
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor		x		Walls & Ceiling Plaster	5,000 SF	x			
Exterior		x		Siding Vapor Barrier	4,900 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 Waste Management of Pennsylvania				
City, State Elizabeth, NJ				Disposal Date 08-20-26	City, State Fairless, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature <i>Jaime Delgado</i>			Date 08-12-26		

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

RECEIVED

Date of Notification (1) 08 / 13 / 26		Name of Building Owner/Operator (2) D & A Demo, LLC					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 549 Jerusalem Road					
		City, State, Zip Code Scotch Plains, NJ 07076					
		Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 50 Prospect Avenue		Square Feet 2700					
City (5) Madison		# of Floors 2					
County (6) Morris		Bldg. Age 125					
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. _____					
Street Address 1889 Route 9, Unit 61		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
City, State, Zip Code Toms River, New Jersey 08755		Street Address 1889 Route 9, Unit 61					
Project Manager for Monitoring Firm Nicholas Fernicola		City, State, Zip Code Toms River, New Jersey 08755					
Telephone No. 732-349-9932		Telephone No. 732-349-9932					
Start Date (10) 08 / 14 / 26		License No. 00624					
Scheduled Completion Date (11) 08 / 17 / 26		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 1056 Stelton					
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		City, State, Zip Code Piscataway, New Jersey 08854					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 250 lf	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
basement	☐ Yes ☒ No ☐ N/A	asbestos pipe insulation		☒	☐	☐	☐
	☐ Yes ☐ No ☐ N/A			☐	☐	☐	☐
	☐ Yes ☐ No ☐ N/A			☐	☐	☐	☐
	☐ Yes ☐ No ☐ N/A			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill			
City, State Toms River, New Jersey		Disposal Date 08/17/26		City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/13/26	

13842

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

Check # 13842

B & G Project # 2026-126

Date of Notification (1) 08/14/2026		Name of Building Owner/Operator (2) AUG 18 2026	
Agencies Notified	Type Notification	Street Address	
☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	172 West Oak Street City, State, Zip Code Ramsey, NJ 07446	
		Name of Contact	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 172 West Oak Street		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Ramsey, NJ 07446		Square Feet	# of Floors
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 08/26/2026		Scheduled Completion Date (11) 08/28/2026	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor B & G Restoration, Inc.	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>occupied</u>		Street Address 1234 Route 23	
Scope of Work (Check All That Apply)		City, State, Zip Code Butler, NJ 07405	
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
lower level family room		X	VAT & mastic
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 4
City, State Butler, NJ		Name of Registered Landfill Grand Central Landfill	
Disposal Date 08/29/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>	Date 08/14/2026

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

B & G Project # 2026-125

Check #

13841

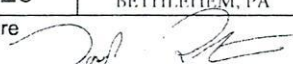
Date of Notification (1) 08/14/2026		Name of Building Owner/Operator (2)							
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 10 Eugene Place City, State, Zip Code Hopatcong, NJ 07843		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 10 Eugene Place City (5) Hopatcong, NJ 07843		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors Bldg. Age						
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. 973-696-6869	License No. 00378						
Start Date (10) 08/24/2026	Scheduled Completion Date (11) 08/28/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1234 Route 23							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>occupied</u>		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
☐ Wrap and Cut ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
ground floor family room, hallway,			X	VAT & mastic	540 SF	X			
& laundry room/hallway									
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 08/28/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>				Date 08/14/2026	

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

RECEIVED

Date of Notification (1) 08/13/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 43 1ST ST							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code RARITAN NJ 08869							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 43 1ST ST		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) RARITAN		Square Feet	# of Floors						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No.	License No. 1200						
Start Date (10) 08/25/2026	Scheduled Completion Date (11) 08/26/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One)		Street Address 6 White Dove Court							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: _____		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition	☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Floor Tiles	500 SF	☒			
Interior				pipe Insulation	30 LF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No 35103	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State Lakewood, NJ		Disposal Date 08/26/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 08/13/2026			

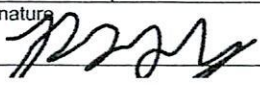
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/13/2026		Name of Building Owner/Operator (2) NATIONAL FLOOD AND FIRE							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 10 EDWARD PLACE		City, State, Zip Code WOODCLIFF LAKE NJ 07677							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 10 EDWARD PLACE		Square Feet	# of Floors						
City (5) WOODCLIFF LAKE		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No.	License No. 1200						
Start Date (10) 08/26/2026	Scheduled Completion Date (11) 08/26/2026	Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply) ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				FLOOR TILE	130 SF	☒			
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 4	Name of Registered Landfill HESI					
City, State Lakewood, NJ		Disposal Date 08/26/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 8/13/2026			

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

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AUG 19 2026

Date of Notification (1) 8/17/2026		Name of Building Owner/Operator (2) 955 Sykesville road							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address 955 Sykesville road		City, State, Zip Code Williamstown, NJ, 08094							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 955 Sykesville road		Square Feet 1,580	# of Floors 1						
City (5) Williamstown		Bldg. Age 1966							
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Living						
Name of Monitoring Firm Hired by Building Owner (8) EA consulting LLC		ASCM No.	Name of Abatement Contractor (9) Bellco Demolition						
Street Address 1720 Glassboro Road		Street Address 950 ridge rd A-6							
City, State, Zip Code Williamstown, NJ 08094		City, State, Zip Code Claymont, DE, 19703							
Project Manager for Monitoring Firm David costa		Telephone No. 856-803-0839	License No. 02124						
Start Date (10) 8-28-2026		Scheduled Completion Date (11) 8-31-2026							
Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor		X		transite siding	330sf	X			
Name of Registered Waste Hauler Tri-state		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 30	Name of Registered Landfill Cherry Island				
City, State Wilmington, DE				Disposal Date	City, State				
Completed by Ronald Ormsby		Title Owner		Signature 	Date 8-17-2026				

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

Check
12013

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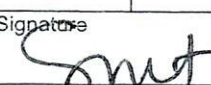
Date of Notification (1) AUGUST 17, 2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 11 KEMPSHALL TERRACE							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code FANWOOD, NJ 07023							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 KEMPSHALL TERRACE		Square Feet	# of Floors 2						
City (5) FANWOOD, NJ 07023		Bldg. Age 70+-							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES		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 08633		City, State, Zip Code NEW EGYPT, NJ 08633							
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 709-744-6384	Telephone No. 609-744-6384						
		License No. 00394							
Start Date (10) AUGUST 27, 2026	Scheduled Completion Date (11) AUGUST 28, 2026	Name of OSHA Monitor EPC TECHNOLOGIES INC							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address P.O. BOX 337							
		City, State, Zip Code NEW EGYPT, NJ 08533							
Scope of Work (Check All That Apply)									
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf									
☒ Renovation ☐ Demolition									
☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT	XXX			PIPE INSULATION	120 LF	XXX			
Name of Registered Waste Hauler EPC TECHNOLOGIES INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill SALEM COUNTY LANDFILL					
City, State NEW EGYPT, NEW JERSEY			Disposal Date 8/28/26	City, State ALLOWAY, NJ					
Completed by STEVE SCHENKER		Title PRESIDENT	Signature <i>Steve Schenker</i>	Date 8/17/26					

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

Date of Notification (1) 08/12/2026		Name of Building Owner/Operator (2) Apartments LLC							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 407 New st City, State, Zip Code Newark NJ 07105 Name of Contact _____ Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Street Address 407 New St City (5) Newark County (6) Essex		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County 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) E & V Services LLC Street Address 711 Sip Street City, State, Zip Code Union City NJ 07087						
Project Manager for Monitoring Firm _____ Telephone No. _____		Telephone No. 201-875-7290	License No. 02053						
Start Date (10) 08/25/2026		Scheduled Completion Date (11) 09/25/2026							
Name of OSHA Monitor _____		Street Address _____ City, State, Zip Code _____							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____									
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 2217 SF	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
EXTERIOR		X		REMOTE DECAN		X			
Name of Registered Waste Hauler TRISTATE TRANSFER INC		NJDEP Waste Hauler ID No. 24-1129	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES LLC					
City, State BRONX NY 10474		Disposal Date _____		City, State WAYNESBURG OH 44688					
Completed by Angel Penaherrera		Title Owner		Signature _____			Date 08/12/2026		

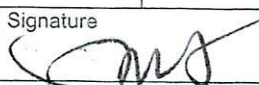
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1) <u>8</u> / <u>14</u> / <u>26</u>		Name of Building Owner/Operator (2) Jersey City Public Schools Job #2603-6550 Check #18096							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☒ Cancellation		Street Address 346 Claremont Avenue						
			City, State, Zip Code Jersey City, NJ 07305						
			Name of Contact Business Administration						
		Telephone Number 201-915-6000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dickinson HS		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2 Palisade Avenue									
City (5) Jersey City		Square Feet	# of Floors						
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren St.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mike Moore		Telephone No. 609-392-4200	Telephone No. 609-265-2107						
Start Date (10) <u>8</u> / <u>11</u> / <u>26</u>		Scheduled Completion Date (11) <u>9</u> / <u>5</u> / <u>26</u>	License No. 00529						
Name of OSHA Monitor IATL									
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 9000 Commerce Parkway							
		City, State, Zip Code Mount Laurel, NJ 08054							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium	☐	☒	☐	Ceiling Plaster	300 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 9/5/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coord.		Signature 			Date 8-14-26		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 5:16)

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Date of Notification (1) 8 / 14 / 26		Name of Building Owner/Operator (2) Enbridge Job #2607-6606 Check #18135							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☒ Cancellation	Street Address Suite 1100, 425 West Superior Street							
		City, State, Zip Code Duluth, MN 55802							
		Name of Contact Nick Bergman	Telephone Number 715-817-8755						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Anomaly Dig		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Coordinates 40.3978 - 74.9200									
City (5) West Amwell Township		Square Feet	# of Floors						
County (6) Hunterdon		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) NA		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 8 / 20 / 26	Scheduled Completion Date (11) 8 / 21 / 26	Name of OSHA Monitor IATL Analytical							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 9000 Commerce Parkway Suite B							
		City, State, Zip Code Mt Laurel, NJ 08054							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ Full Containment with Negative Pressure ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-Enclosure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.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 Dig	☐	☐	☒	Coal Tar Wrap	30 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 8/21/26		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 8-14-26		

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

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Date of Notification (1) 8 / 14 / 26		Name of Building Owner/Operator (2) Union County College							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment # 3 ☐ Emergency (including justification) ☐ Cancellation	Street Address 1033 Springfield Ave							
		City, State, Zip Code Cranford, NJ 07016							
		Name of Contact James Cipolla (General Contractor)	Telephone Number 1-908-351-1177						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County College		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1033 Springfield Ave		Square Feet	# of Floors						
City (5) Cranford		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College Facility							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 401 St James Avenue		Street Address 1123 BEAVER STREET							
City, State, Zip Code Phillipsburg NJ 08865		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Jonathan Gilbert	Telephone No. 908-454-6316	Telephone No. 215-788-6040	License No. 02121						
Start Date (10) 7 / 20 / 26	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-330PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Entrance	☐	☐	☒	Exterior Window Caulk	52 LF	☒	☐	☐	☐
Outside Building Underground	☐	☐	☒	Transite Pipe	100 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	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>Dellam DeCaro</i>				Date 8/14/26			

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

GAC Project # 060-26

RECEIVED

Date of Notification (1) August 14, 2026			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH		Notification Type ☐ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☒ Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ARMITAGE HALL, BLDG# 7036			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address CAMDEN CAMPUS			Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years		
City (5) CAMDEN	County (6) CAMDEN	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm JOHN LUTZ		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 08/14/2026		Scheduled Completion Date (11) 08/17/2026		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement ☒ Other- Describe: Shift Schedule: 4PM FRI- 5AM MON (24 HRS. & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD, BLDG# 35E		
			City, State, Zip Code FAIRLAWN, NJ 07410		
Scope of Work (Check all that apply)					
☐ ≥ 3 sf or >3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove bag Procedure / Wrap & Cut ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Room B035	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 255 SF	Abatement Type Remove Repair Encap Enclose Remove	
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	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561			Disposal Date 08/17/2026	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067	
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860				215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 14, 2026		

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

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

Check # N/A

B & G Project # 2026-117

Date of Notification (1) August 14, 2026		Name of Building Owner/Operator (2) New Jersey Economic Development Authority							
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # ON HOLD ☐ Emergency (including justification) ☐ Cancellation	Street Address 36 West State Street							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Claire Carter							
		Telephone Number 646-656-7821							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Edward Hart Drive		Square Feet 8,000	# of Floors 1						
City (5) Jersey City		Bldg. Age 50 +							
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Labs, Inc.		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address 2333 US Highway 22 West		Street Address 1234 Route 23							
City, State, Zip Code Union Township, NJ 07083		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 800-908-6679	Telephone No. 973-696-6869						
License No. 00378									
Start Date (10) ON HOLD	Scheduled Completion Date (11) 09/30/2026 ***		Name of OSHA Monitor B & G Restoration, Inc.						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 1234 Route 23							
		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			x	Floor tile adhesive	3,750 SF	X			
exterior			x	built-up roofing	7,980 SF	X			
exterior			x	roof flashing	550 LF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date ON HOLD		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>				Date 08/14/2026	

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

B & G Project # 2026-93B

Check # Completion date

Date of Notification (1) 08/14/2026		Name of Building Owner/Operator (2) Freehold Township School District	
Agencies Notified	Type Notification	Street Address 384 West Main Street	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # 3 ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Freehold, NJ 07728	
		Name of Contact Robert DeVita, Business Administrator	Telephone Number 732-462-8400 x 8809

RECEIVED
AUG 18 2026
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) C Richard Applegate Elementary School - NON-Sub 8		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 Jeanne Brennan Drive		Square Feet 50,000+	# of Floors 3
City (5) Freehold, NJ 07728		Bldg. Age 100+	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational - NON-Sub 8	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 3	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address 1253 North Church Street		Street Address 1234 Route 23	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-840-8800	Telephone No. 973-696-6869
Start Date (10) 08/04/2026		Scheduled Completion Date (11) 08/31/2026 *****	License No. 00378
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours Other - Describe: occupied		Name of OSHA Monitor B & G Restoration, Inc.	
		Street Address 1234 Route 23	
		City, State, Zip Code Butler, NJ 07405	
Scope of Work (Check All That Apply)			
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition	
		☐ wrap & cut procedure ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior entrance above class doors			X	transite panels	21 panels	X			
exterior Main entrance			X	soffit transite facia	120 LF				

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 08/04/26 - 08/31/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna	Title Secretary / Treasurer	Signature <i>Gordana Luna</i>		Date 08/14/2026	



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

RECEIVED

Date of Notification (1) 8/10/26		Name of Building Owner/Operator (2) Empty Cloud Buddhist Monastery							
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 29 Ridgeway Ave.							
		City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Samasiha	Telephone Number 929-307-5961						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buddhist Monastery		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 29 Ridgeway Ave.		Square Feet 8000	# of Floors 2						
City (5) West Orange		Bldg. Age 60 +/-							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Buddhist Monastery							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/21/26	Scheduled Completion Date (11) 8/22/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Wrap	8 LF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President		Signature 				Date 8/10/26	

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

Date of Notification (1) 8 / 14 / 26		Name of Building Owner/Operator (2) PSEG / Job # 2511-6506		RECEIVED Check # 18137					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 4000 Hadley Road							
		City, State, Zip Code South Plainfield, NJ							
		Name of Contact Andrew McCloskey		Telephone Number 856-812-8045					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Lakeside Substation				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 375 Lakeside Avenue				Square Feet					
City (5) Orange				# of Floors					
County (6) Essex				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800		License No. 00529					
Start Date (10) 8 / 24 / 26		Scheduled Completion Date (11) 9 / 4 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 9000 Commerce Pkwy. Suite B					
				City, State, Zip Code Mount Laurel, NJ 08054					
Scope of Work (Check all that apply)									
☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☒ Renovation ☐ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Carbon Dioxide Tanks Room	☒	☐	☐	Asbestos containing floor paint	200 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 9/4/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 8-14-26			

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

Date of Notification (1) 8-13-26		Name of Building Owner/Operator (2) 3315 BAY AVE LP		RECEIVED	
Agencies Notified		Type Notification		Street Address	
☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		720 FAYETTE ST	
				City, State, Zip Code CONSHOHOCKEN PA 19428	
		Name of Contact JOHN PACK		Telephone Number 610-974-5781	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SEASPRAY				Type of Facility (4)	
Street Address 3315 BAY AVE				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) OCEAN CITY				Square Feet 10,000	# of Floors 2
County (6) CAMPBELL				Bldg. Age MA	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECT			ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION	
Street Address PO BOX 11645			Street Address 103 PRESERVE LN.		
City, State, Zip Code PHILA PA 19116			City, State, Zip Code W. WALES PA 19454		
Project Manager for Monitoring Firm JASON DUA			Telephone No. 267-724-4693	Telephone No. 267-724-4694	License No. 01276
Start Date (10) 8-28-26		Scheduled Completion Date (11) 9-4-26		Name of OSHA Monitor JASON DUA	
Occupancy Status During Abatement (Check Only One)				Street Address PO BOX 11645	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code PHILA PA 19116	
Scope of Work (Check All That Apply)					
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)	
		Yes No N/A			
1ST FLOOR				WPA FLOORS	
ROOF				ROOF FLASHING	
				2700 SF	
				GOLF	
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste MA	Name of Registered Landfill WESTERN BERKS CL	
City, State MONTGOMERYVILLE PA		Disposal Date MA	City, State BIRDSPORO PA		
Completed by ERAM DUA		Title VP	Signature <i>[Signature]</i>	Date 8-13-26	

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

Date of Notification (1) 8 / 18 / 26		Name of Building Owner/Operator (2) Related Affordable						
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation						
Street Address 24 Mill Street		City, State, Zip Code Paterson, Nj 07501						
Name of Contact Pamela Valdez		Telephone Number 201-932-4339						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Great Falls Urban Renewal Preservation		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 34 Van Houten Street		Square Feet 1102930	# of Floors 4					
City (5) Paterson		Bldg. Age 45						
County (6) Passaic		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) ECC Inc.		Name of Abatement Contractor (9) Dynamics Development Services inc.						
Street Address 417 Fifth Avenue 8th Floor		Street Address 557 Grand Concourse suite 3-51						
City, State, Zip Code New York, NY 10016		City, State, Zip Code Bronx, NY 10451						
Project Manager for Monitoring Firm Clayton Long		Telephone No. 6464764736	License No. 01241					
Start Date (10) 9 / 01 / 26		Scheduled Completion Date (11) 11 / 01 / 26						
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor						
Scope of Work (Check all that apply) ☐ >3 sf or >3 lf ☒ >160 sf or >260 lf		☒ 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) 745	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Sub level hallways and corridors	☐	☐	☒	floor tile and decorative linoleum	☒	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐		☐	☐	☐	☐
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 9/10/26		City, State Pen Argyl, PA 10872				
Completed By (Print or Type) Angela martinez		Title Owner		Signature <i>Angela Martinez</i>			Date 8/18/26	

13840

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

B & G Project # 2026-124

Check # RECEIVED

Date of Notification (1) August 14, 2026		Name of Building Owner/Operator (2) West Orange Public Schools							
Agencies Notified	Type Notification	Street Address 179 Eagle Rock Avenue							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # resume ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Nick Munoz	Telephone Number 973-669-5400 x 20580						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kelly Elementary School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 555 Pleasant Valley Way		Square Feet 50,000	# of Floors 3						
City (5) West Orange, NJ 07052		Bldg. Age 50 +							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address PO Box 385		Street Address 1234 Route 23							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 00378						
Start Date (10) 08/17/2026 ***	Scheduled Completion Date (11) 08/22/2026 ***	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address 1234 Route 23							
		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Stabilization ☐ 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
Counselor Room & Lower lvl Music Rm			X	VAT & mastic	1,350 SF	X			
lower level 13			X	sheetrock & joint compound	6 SF	X			
Room 201			X	stabilize ceiling plaster	250 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 08/22/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>				Date August 14, 2026		

13839

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

B & G Project # 2026-93A

Check # **13839**

Date of Notification (1) 08/14/2026		Name of Building Owner/Operator (2) Freehold Township School District							
Agencies Notified	Type Notification	Street Address 384 West Main Street							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☒ Amended Amendment # 5 ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Freehold, NJ 07728							
		Name of Contact Robert DeVita, Business Administrator	Telephone Number 732-462-8400 x 8809						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marshall W Errickson Elementary School - Sub 8		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 271 Elton-Adelphia Road		Square Feet 50,000+	# of Floors 3						
City (5) Freehold, NJ 07728		Bldg. Age 100+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational - Sub 8							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 3	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address 1253 North Church Street		Street Address 1234 Route 23							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-840-8800	License No. 00378						
Start Date (10) July 1, 2026	Scheduled Completion Date (11) 08/31/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>occupied ***</u>		Street Address 1234 Route 23							
		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition							
		☐ wrap & cut procedure ☒ 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
POD A ***			X	roof drain pipe insulation***	60 SF ***	X			
exterior entrance above class doors			X	transite panels	21 panels	X			
Name of Registered Waste Hauler B&G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 5 cy	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 07/01/2026 - 08/31/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer	Signature <i>Gordana Luna</i>			Date 08/14/2026			

State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED

Check #10372

Date of Notification (1) August 14, 2026		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey	
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP (No Longer Required) ☒ DOH		Notification Type ☐ Initial Notification ☒ Amended Notification #1 - New Start & Completion Dates ☐ Emergency (including justification) ☐ Cancelled	
Street Address REHS 74 St 1603		City, State, Zip Code Piscataway NJ 08854	
Name of Contact Michael F. Smith		Telephone Number 848.445.2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) # 7257- Medical Science Bldg.		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS Newark Campus		Sq. Feet: Unknown # of Floors: 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	
Street Address 3 Terri Lane		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Burlington NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm John Lutz		City, State, Zip Code Butler, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	
License Number 00840		Name of OSHA Monitor EMSL inc.	
Scheduled Start Date (10) 8/21/2026		Scheduled Completion Date (11) 8/24/2026	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 4pm-5am (24 Hours & weekends as needed)		Street Address 1056 Stelton Road	
City, State, Zip Code Piscataway, NJ 08854			
Source of Work (Check all that apply)			
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260			
☒ Renovation ☐ Demolition			
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by 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)
B100C10 Corridor	☒	VAT	150 sf
C00C3 Corridor	☒	VAT	150 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CYD
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		Disposal Date 8/24/26	
Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860		Name of Registered Landfill Fairless Landfill/ Grand Central Landfill	
City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072		City, State GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265	
Completed by (Print or Type) Raymond Pedalino	Title Sr. Project Manager	Signature <i>Raymond C. Pedalino</i>	Date August 14, 2026

GAC # 2026-060

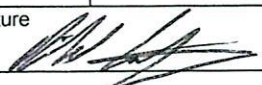
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PAID

Date of Notification (1) 8-11-26		Name of Building Owner/Operator (2) VERIZON		RECEIVED	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation		Street Address 1 VERIZON WAY City, State, Zip Code BASKING RIDGE NJ 07920 Name of Contact ANDREW LEONARD Telephone Number 201-481-0177	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ROAD			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address RT 18 AT RUTH ST			Square Feet NA		
City (5) E BRUNSWICK			# of Floors NA		
County (6) MIDDLESEX			Bldg. Age NA		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) ROAD		
Name of Monitoring Firm Hired by Building Owner (8) EHZ		ASCM No.		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION	
Street Address 270 SPARTA AVE		Street Address PO BOX 21		City, State, Zip Code MONTGOMERYVILLE PA 18936	
City, State, Zip Code SPARTA TOWNSHIP NJ 07871		Telephone No. 973-657-2041		Telephone No. 267-784-4694	
Project Manager for Monitoring Firm JP VON DOETHEM		License No. 0127		Name of OSHA Monitor JP VON DOETHEM	
Start Date (10) 8-12-26		Scheduled Completion Date (11) 8-16-26		Street Address 270 SPARTA AVE	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		City, State, Zip Code SPARTA TOWNSHIP 07871			
Scope of Work (Check All That Apply) ☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mipi-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) ROAD		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) TRANSITE PIPE	
				Amount (Specify SF or LF) 100 LF	
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759		Cubic Yards of Waste NA	
City/State MONTGOMERYVILLE PA		Disposal Date 8-16-26		Name of Registered Landfill B. WESTERN BERKS	
City, State BIRDSBORO PA		Signature Efrim DUA		Date 8-11-26	

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

RECEIVED

Date of Notification (1) 8/13/26		Name of Building Owner/Operator (2) Crestron							
Agencies Notified	Type Notification	Street Address 15 Volvo Dr.							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Rockleigh, NJ 07647							
		Name of Contact Eric Baylor	Telephone Number 910-368-6454						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 Volvo Dr.		Square Feet 85,000	# of Floors 1						
City (5) Rockleigh		Bldg. Age 60 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 55 Cannonball Rd.							
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/17/26	Scheduled Completion Date (11) 8/20/26	Name of OSHA Monitor Same As Above							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office Area		x		VAT	1,698 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 15 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Pompton Lakes, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 8/13/26		

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

Print Form

RECEIVED

Date of Notification (1) 07-21-26		Name of Building Owner/Operator (2) Caravella Demolition Inc.							
Agencies Notified		Street Address 40 Deforest Ave.							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		City, State, Zip Code East Hanover, NJ 07936 Name of Contact John Caravella					
				Telephone Number (973) 884-9400					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property				Type of Facility (4)					
Street Address 51-53 S Orange Ave.				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) South Orange		Square Feet		# of Floors 2	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) 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) 07-22-26		Scheduled Completion Date (11) 07-28-26		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1119 East Grand					
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____				City, State, Zip Code Elizabeth, NJ 07201					
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		x		Wet Demolition Asbestos Debris					
				Damage Compromise Structure					
				Waste Will be Disposed as ACM					
Name of Registered Waste Hauler Caravella Demolition Inc.		NJDEP Waste Hauler ID No. 35685		Cubic Yards of Waste 200	Name of Registered Landfill Waste Management of Pennsylvania				
City, State East Hanover, NJ		Disposal Date 07-24-26		City, State Fairless, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature Jaime Delgado			Date 07-21-26		

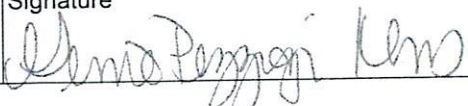
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/14/26		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☒ Emergency ☐ Cancellation	Street Address 1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Dwayne Mosley							
		Telephone Number 609-656-4900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn Street Address 401 Dayton Street		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.) Square Feet 60,000 # of Floors 3 Bldg. Age 60+							
City (5) Trenton	County (6) Mercer	County Code (7) 							
Current Use (Prior if being demolished) School									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Street Address 120 North Warren Street City, State & Zip Code Trenton, NJ 08010		ASCM No. Name of Abatement Contractor (9) Bristol Environmental, LLC Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Jordan Reed		Telephone Number 609-392-4200	Telephone Number (215)788-6040 License Number 02121						
Scheduled Start Date (10) 8/17/26	Scheduled Completion Date (11) 8/21/26	Name of OSHA Monitor Bristol Environmental LLC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 4:30 PM - 1:00 AM ☐ Facility Occupied During Abatement		Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ Renovation ☐ Full Containment with Negative Pressure ☒ ≥ 160 sf ≥ 260 lf ☐ Demolition ☒ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
B-20	☐	☒	☐	Wooden flooring	650 SF	☐	☒	☐	☐
B-33	☐	☒	☐	Wooden flooring	1400 SF	☐	☒	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 10 Cu yd	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date 8/21/26		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>			Date 8/14/26			

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

Check # 4693

Date of Notification (1) 8/14/26		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☒ Emergency ☐ Cancellation							
Street Address 1490 Prospect Street		City, State & Zip Code Trenton, NJ 08638							
Name of Contact Mr. Dwayne Mosley		Telephone Number 609-656-4900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holland Middle School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1001 West State Street		Square Feet 30000							
City (5) Trenton		# of Floors 2							
County (6) Mercer		Bldg. Age 60+							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, LLC							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Jordan Reed		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040							
Scheduled Start Date (10) 8/17/26		License Number 02121							
Scheduled Completion Date (11) 8/21/26		Name of OSHA Monitor Bristol Environmental, LLC							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 4:30 PM - 1:00 AM ☐ Facility Occupied During Abatement		Street Address 1123 Beaver Street							
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure		City, State & Zip Code Bristol, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Room B-7	☐	☒	☐	Wooden flooring	675 SF	☐	☒	☐	☐
Room B-16	☐	☒	☐	Wooden flooring	750 SF	☐	☒	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 8 Cu yd		Name of Registered Landfill Fairless Landfill			
City, State Bristol, PA		Disposal Date 9/21/26		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature 		Date 8/14/26			

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

B & G Project # 2026-123

Check # 13826

Date of Notification (1) August 10, 2026		Name of Building Owner/Operator (2) West Orange Public Schools							
Agencies Notified	Type Notification	Street Address 179 Eagle Rock Avenue							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Nick Munoz	Telephone Number 973-669-5400 x 20580						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West Orange High School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 51 Conforti Avenue		Square Feet 50,000	# of Floors 3						
City (5) West Orange, NJ 07052		Bldg. Age 50 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. _____	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address PO Box 385		Street Address 1234 Route 23							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 00378						
Start Date (10) 08/10/2026 - 12:00 PM	Scheduled Completion Date (11) 08/15/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1234 Route 23							
		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ 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
PVW Lower hallway, landing & rm 2336			x	VAT & mastic	3,800 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 08/15/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>				Date August 10, 2026	

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

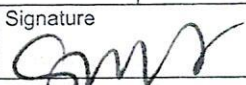
B & G Project # 2026-123

Check # 13825

Date of Notification (1) August 10, 2026		Name of Building Owner/Operator (2) West Orange Public Schools							
Agencies Notified	Type Notification	Street Address 179 Eagle Rock Avenue							
☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Nick Munoz	Telephone Number 973-669-5400 x 20580						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kelly Elementary School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 555 Pleasant Valley Way		Square Feet 50,000	# of Floors 3						
City (5) West Orange, NJ 07052		Bldg. Age 50 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) educational							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address PO Box 385		Street Address 1234 Route 23							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Butler, NJ 07405							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 00378						
Start Date (10) 08/12/2026 @ 7:00 AM	Scheduled Completion Date (11) 08/18/2026	Name of OSHA Monitor B & G Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address 1234 Route 23							
		City, State, Zip Code Butler, NJ 07405							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Stabilization ☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ 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
Counselor Room & Lower lvl Music Rm			X	VAT & mastic	1,350 SF	X			
lower level 13			X	sheetrock & joint compound	6 SF	X			
Room 201			X	stabilize ceiling plaster	250 SF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ		Disposal Date 08/18/2026		City, State Pen Argyl, PA					
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>			Date August 10, 2026		

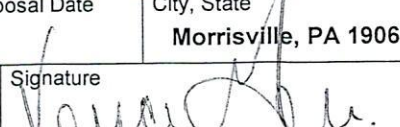
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 8 / 14 / 26		Name of Building Owner/Operator (2) PSEG / Job # 2608-6615		Check #18136					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 4000 Hadley Road						
			City, State, Zip Code South Plainfield, NJ						
			Name of Contact Douglas McGarrity		Telephone Number 732-832-6771				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Harrison Gas Control Plannt				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 699 Cape May Street				Square Feet					
City (5) Harrison				# of Floors					
County (6) Hudson				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Gas Control Plant							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCN No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 8 / 17 / 26		Scheduled Completion Date (11) 8 / 21 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 9000 Commerce Pkwy. Suite B						
			City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	☐	☐	☒	asbestos containing paint	150 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 8/21/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8-14-26			

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

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Date of Notification (1) 08 / 05 / 26		Name of Building Owner/Operator (2) Hook Construction							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 23 S. Hook Rd.							
		City, State, Zip Code Pennsville, NJ 08070							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pennsville Movie Theatre		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 251 S. Broadway		Square Feet 1521	# of Floors 1960						
City (5) Pennsville,		Bldg. Age							
County (6) Salem County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Old Movie Theatre							
Name of Monitoring Firm Hired by Building Owner (8) Graham Tech Environmental Service		ASCM No.	Name of Abatement Contractor (9) Graham Tech Environmental Service						
Street Address 958 Jackson Rd		Street Address 958 Jackson Rd							
City, State, Zip Code Mays Landing, NJ 08330		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm		Telephone No. 609-547-5198	License No. 02142-2						
Start Date (10) 08 / 10 / 26	Scheduled Completion Date (11) 08 / 14 / 26	Name of OSHA Monitor Graham Tech Environmental Service							
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 958 Jackson Rd							
		City, State, Zip Code Mays Landing, Nj 08330							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	☐	☐	☒	Exterior Debris	1500	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Graham Tech Environmental Service		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30 Yard	Name of Registered Landfill Fairless landfill					
City, State 958 Jackson Rd Mays Landing, NJ		Disposal Date	City, State Morrisville, PA 19067						
Completed By (Print or Type) Vernice Graham		Title Spouse	Signature 				Date 8-5-26		

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

CHECKED 8/17/2026

Date of Notification (1) 8/12/26		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified	Type Notification	Street Address Patrick Torre Administration Bldg, County Route 516	
☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation	City, State & Zip Code Matawan, NJ 07747	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Memorial Elementary School			Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 11 Ely Ave			Square Feet 200,000	# of Floors 1	Bldg. Age 60+
City (5) Parlin	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) School		

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, LLC	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones	Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 02121	

Scheduled Start Date (10) 8/24/26	Scheduled Completion Date (11) 8/24/26	Name of OSHA Monitor Bristol Environmental LLC	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7 AM to 4 PM ☐ Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)			
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf	☒ Renovation ☐ Demolition	☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.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 221	☐	☒	☐	Pipe insulation	5 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill Conestoga Landfill	
City, State Freehold, NJ		Disposal Date 8/25/26		City, State Morgantown, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 8/12/26

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

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Date of Notification (1) 8 / 12 / 26			Name of Building Owner/Operator (2) SRI International								
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation		Street Address 201 Washington Rd City, State, Zip Code Princeton, NJ 08540 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) SRI International			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 201 Washington Rd			Square Feet _____ # of Floors _____ Bldg. Age 50+								
City (5) Princeton			County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Office								
County (6) Mercer		Name of Monitoring Firm Hired by Building Owner (8) RBS Environmental									
Street Address 24 Veterans Square		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC									
City, State, Zip Code Media, PA 19063		Street Address 1123 BEAVER STREET									
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 610-865-0031		Telephone No. 215-788-6040							
Start Date (10) 8 / 3 / 26		Scheduled Completion Date (11) 8 / 21 / 26		License No. 02121							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / _____ PM- _____ AM			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC								
Street Address 1123 BEAVER STREET			City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)											
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Exhibition Area		☐ ☒ ☐		Floor tile and mastic		2800SF		☒	☐	☐	☐
Men's & Women's room lobby		☐ ☒ ☐		Floor tile and mastic		100 SF		☒	☐	☐	☐
Kitchenette and Hallway		☐ ☒ ☐		Floor tile and mastic		460 SF		☒	☐	☐	☐
Exhibition Area		☐ ☒ ☐		Pipe Insulation		5 LF		☐	☒	☐	☐
Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste _____		Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date _____		City, State Morrisville, PA							
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 8/12/26					

ASB-41
MAY 11 **BS26069**

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

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 7/25/2026		Name of Building Owner/Operator (2) Uncommon Schools		Date 7/25/2026		Project Manager Tome Maslarkov		Completed by Tome Maslarkov	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including Cancellation) Justification)		Street Address 72 Central Ave		City, State, Zip Code Newark NJ 07102		Name of Facility Where Abatement is Taking Place (3) North Star Academy Central Ave MS	
☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		Square Feet N/A # of Floors N/A Bldg. Age N/A		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School		Name of Abatement Contractor (9) Teal Management	
Name of Monitoring Firm Hired by Building Owner (8) ASCAM No.		Street Address 24 Morley Drive City, State, Zip Code Woodland Park NJ 07424		Project Manager for Monitoring Firm Rick Eustaquio Telephone No. 908-206-0073 Telephone No. 862-243-1471 License No. 02063		Start Date (10) 8/05/2026 Scheduled Completion Date (11) 8/10/2026		Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: WRUP&CUT	
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 ft ☒ ≥ 160 sf or ≥ 260 ft ☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible 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) 115 LF		Abatement Type ☒ Removal ☐ Repair ☐ Encapsulate ☐ Enclosure	
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 40229 Cubic Yards of Waste 10 CY Name of Registered Landfill Fairless Landfill		Disposal Date 08/10/2026 City, State Morrisville PA		Title Project Manager		Signature Date 07/25/2026		City, State Woodland Park NJ 07424	

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

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:20)

AUG 6 2026

Date of Notification (1)		08/03/2026	
Name of Building Owner/Operator (2)		Blazhe Grodzanov	
Title		Project Manager	
Signature		[Signature]	
Date		8/03/2026	
City, State		Bloomfield, New Jersey	
Disposal Date		TBD	
City, State		Morrisville, PA	
Name of Registered Waste Hauler		Unicorn Contracting Corp.	
NJDEP Waste Hauler ID No.		0035844	
Cubic Yards of Waste		1+	
Name of Registered Landfill		Fairless Hills Landfill	
Is Location Normally Used Solely by Custodial Staff? (12)		Yes No N/A	
Location of Asbestos-Containing Material (ACM) (13)		TO BE ABATED In Facility	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		TSI	
Amount (SF or LF)		20 LF	
Abatement Type		Enclosure Encapsulate Repair Removal	
Full Containment with Negative Pressure		☐	
Mini-Enclosure		☒	
Glovebag Procedure		☒	
Non-Exempted (*) and Non-Friable Procedure		☐	
Renovation		☒	
Demolition		☐	
Scope of Work (Check All That Apply)		☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Other - Describe: 7am-3:30pm	
Occupancy Status During Abatement (Check Only One)		☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7am-3:30pm	
Start Date (10)		08/04/2026	
Scheduled Completion Date (11)		08/05/2026	
Name of OSHA Monitor		Environment Consultants, Inc.	
Street Address		20-21 Wagaraw Rd., Bldg. 35-E	
City, State, Zip Code		Fair Lawn, NJ 07410	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		973-333-9176	
License No.		01331	
City, State, Zip Code		Bloomfield, NJ 07003	
Street Address		14 Willow Street	
Name of Monitoring Firm Hired by Building Owner (8)		Unicorn Contracting Corp.	
ASCM No.		Name of Abatement Contractor (9)	
County Code (7)		Current Use (Prior if being demolished)	
County (6)		Passaic	
City (5)		Paterson	
Square Foot		1,800	
# of Floors		2	
Bldg. Age		55+	
Name of Facility Where Abatement is Taking Place (3)		410 19th Ave	
Type of Facility (4)		☒ Other (i.e. private & commercial buildings, homes, etc.) ☐ School (K-12) ☐ Subchapter S (Other than K-12)	
Street Address		410 19th Ave	
City, State, Zip Code		Paterson, NJ 07504	
Name of Contact		Telephone Number	
Type Notification		☒ Initial ☐ Amended ☒ Amendment # ☐ Emergency (including justification) ☐ Cancellation	
ASBESTOS CONTROL & LICENSING			

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5/59

10676

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

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Date of Notification (1)		8/4/26	
Name of Building Owner/Operator (2)		AUG 7 2026	
Street Address		95 Mill St	
City, State, Zip Code		Mount Holly NJ 08060	
Name of Contact		Telephone Number	
Type Notification		☒ Initial ☐ Amended ☐ Amended # ☐ Emergency (including justification) ☐ Cancellation	

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address		School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
City (5)		Square Feet	
Mount Holly NJ 08060		1000+	
County (6)		# of Floors	
Burlington		2	
County Code (7)		Bldg. Age	
(STATE USE ONLY)		50+	
Current Use (Prior if being demolished)			

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
N/A		Pernaco Inc.		PO Box 329	
Street Address		City, State, Zip Code		West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	
8/18/26		8/24/26		856-753-9800	
Scheduled Completion Date (11)		Name of OSHA Monitor		License No.	
8/18/26		Same		00727	
Occupancy Status During Abatement (Check Only One)		Street Address		City, State, Zip Code	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:					

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Yes		No		Floor Tile		406 SF	
Kitchen, Bathroom & Hall		X				x	

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill	
Pernaco Inc		21787		3		Fairless Hills	
City, State		Disposal Date		City, State			
Berlin NJ		8/24/26		Morrisville PA 19067			
Completed by		Title		Signature		Date	
Anthony T Perna		President				8/4/26	

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ASB-41 (R-06-08)

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

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Date of Notification (1) 8/4/26		Name of Building Owner/Operator (2) AUG 7 2026	
Agencies Notified		Type Notification	
☒ EPA	☒ Initial	Street Address 1136 Crane Dr	
☒ DEP	☐ Amended #	City, State, Zip Code Cherry Hill NJ 08003	
☒ DOH	☐ Emergency (including	Name of Contact Telephone Number	
☐ DCA	☐ Cancellation		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)			
Street Address 1136 Crane Dr			
City (5) Cherry Hill NJ 08003			
County (6) Camden		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 8/19/26		Scheduled Completion Date (11) 8/25/26	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Home Owner Home		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-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) In Facility TO BE ABATED (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) 54 SF		Floor Tile 54 SF	
Name of Registered Waste Hauler Pernaco Inc NJDEP Waste Hauler ID No. 21787 Cubic Yards of Waste 1 Name of Registered Landfill Fairless Hills		City, State Morrisville PA 19067 Disposal Date 8/25/26	
Completed by Anthony T Perna Title President Signature Date 8/4/26			

10677

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

Aug 7 2026

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Print Form

Date of Notification (1)		8/4/26	
Name of Building Owner/Operator (2)		124 12 St	
Street Address		124 12 St	
City, State, Zip Code		Beach Haven NJ 08008	
Name of Contact		Beach Haven NJ 08008	
Telephone Number			
Type of Facility (4)			
☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)			
Street Address			
124 12 St			
City (5)			
Beach Haven NJ 08008			
County (6)			
Ocean			
Name of Monitoring Firm Hired by Building Owner (8)			
N/A			
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			
Name of OSHA Monitor			
Same			
Street Address			
City, State, Zip Code			
West Berlin NJ 08091			
Occupancy Status During Abatement (Check Only One)			
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:			
Scope of Work (Check All That Apply)			
☒ ≥160 sf or ≥260 if ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frangible Procedure			
Abatement Type			
Enclosure			
Encapsulate			
Repair			
Removal			
Amount (Specify SF or LF)			
1800 SF			
Exterior Siding			
X			
Is Location Normally Used Solely by Custodial Staff? (12)			
Yes			
No			
N/A			
Location of Asbestos-Containing Material (ACM) in Facility (13)			
TO BE ABATED			
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Amount (Specify SF or LF)			
1800 SF			
Exterior Siding			
X			
Name of Registered Waste Hauler			
Pernaco Inc			
NJDEP Waste Hauler ID No.			
21787			
Cubic Yards of Waste			
4			
Disposal Date			
8/25/26			
City, State			
Morrisville PA 19067			
Completed by			
Anthony T Perna			
Title			
President			
Signature			
Date			
8/4/26			

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

Print Form

Date of Notification (1)		8/4/26		Name of Building Owner/Operator (2)		Highland High School		AUG 7 2026	
Agencies Notified		☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification		☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including ☐ Justification) ☐ Cancellation		Name of Contact Robert Morfka Telephone Number 856-227-4199	
Name of Facility Where Abatement is Taking Place (3)		Highland High School		Type of Facility (4)		☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1000+	
City (5)		Blackwood NJ 08012		# of Floors		2		Bldg. Age 35 +	
County (6)		Camden		County Code (7)		(STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Epic Environmental		ASCM No.		Name of Abatement Contractor (9)		Pernaco Inc.	
Street Address		80 Fork Bridge Road		City, State, Zip Code		West Berlin NJ 08091		Telephone No. 856-753-9800 License No. 00727	
Project Manager for Monitoring Firm		James Eberts		Telephone No. 856-889-1736		Name of OSHA Monitor		Same	
Start Date (10)		8/17/26		Scheduled Completion Date (11)		8/21/26		City, State, Zip Code	
Occupancy Status During Abatement (Check Only One)		☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address		City, State, Zip Code		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-Frangible Procedure		☒ Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frangible Procedure		Abatement Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by 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)		Removal Repair Encapsulate Enclosure	
Room - 101		X		Floor Tile & Mastic		150 SF		X	
Name of Registered Waste Hauler		Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Hills	
City, State		Berlin NJ		Disposal Date 8/21/26		City, State		Morrisville PA 19067	
Completed by		Anthony T Perna		Title President		Signature		Date 8/4/26	

ASB-41 (R-06-08)

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

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 7/24/20		Name of Building Owner/Operator (2) Newark Public Schools		Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including ☐ Justification) ☐ Cancellation		Street Address 190 Muhammad Ali Ave		City, State, Zip Code Newark, NJ 07108		Name of Contact Benjamin Olagadejo		Telephone Number 973.733.7220 Ext. 8149													
FACILITY INFORMATION																											
Name of Facility Where Abatement is Taking Place (3) University HS																											
Street Address 55 Clinton pl																											
City (5) Newark, NJ																											
County (6) Union																											
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental																											
Street Address 1253 North Church st																											
City, State, Zip Code Moorsetown, NJ 08057																											
Project Manager for Monitoring Firm Jim Gullardi																											
Telephone No. 8568408800																											
Telephone No. 973-299-4455																											
License No. 01081																											
Name of OSHA Monitor Niram inc																											
Street Address 4 E. Frederick pl.																											
City, State, Zip Code Cedar Knolls, 07927, NJ																											
Name of Abatement Contractor (9) NIRAM INC																											
Street Address 4 E. Frederick pl.																											
City, State, Zip Code Cedar Knolls, NJ, 07927																											
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Other - Describe:																											
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure																											
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by 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 ☐ Enclosure ☐ Encapsulate ☐ Repair ☐ Removal		Room 102		flooring various layers		900 SF		x		Cafeteria & caf storage rm		x		floor tile and mastic		6500 sf		x	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 71273		Cubic Yards of Waste 40		Name of Registered Landfill		Grand Central Sanitary Landfill Inc		City, State Pen Argyl, PA, 18072		Disposal Date 07/15/26		City, State Pen Argyl, PA, 18072		Title Pr. Mngtr		Signature 		Date 7/24/20		Completed by Marcin Owczarski					

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

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

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Date of Notification (1) 08/06/2026		Name of Building Owner/Operator (2) JP Morgan Chase Bank NA		Street Address PO Box 8265		City, State, Zip Code Wichita Falls, TX 76307		Name of Contact Nora Kudarka		Telephone Number 908-806-4103	
Agencies Notified		Type Notification		☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA ☐ Initial ☒ Amended ☐ Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation							
Name of Facility Where Abatement is Taking Place (3) Chase Bank Street Address 1 E. Clinton Street City (5) Dover County (6) Morris County Code (7) (STATE USE ONLY) Bank Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC Street Address 1600 Route 22 East, Suite 107 City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Bruno Rocha Telephone No. 908-688-7800 Telephone No. 856-755-0099 License No. 00842 Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077											
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____ Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 if ☐ ≥ 160 sf or ≥ 260 if ☐ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frangible Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		Enclosure Encapsulate Repair Removal	
Basement		X No N/A		Mastic		16 SF		X			
Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 Cubic Yards of Waste 1 Name of Registered Landfill Conestoga Landfill City, State Freehold, NJ Disposal Date 08/19/2026 City, State Morgantown, PA Completed by Samantha Brown Title Operations Coordinator Signature Date 08/06/2026											

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

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Print Form

Date of Notification (1) 08/04/2026		Name of Building Owner/Operator (2) Newark Board Of Education		Type Notification		Agencies Notified	
☒ EPA	☒ DEP	☒ DOL	☒ DOH	☒ DCA	☒ Initial	☐ Amended	☐ Amendment #
Type Notification		Name of Contact		Benjamin Olagadeyo		Telephone Number	
765 Broad Street		City, State, Zip Code		Newark, NJ, 07102		Telephone Number	
Street Address		Name of Facility (4)		Type of Facility (4)		School (K-12)	
Hawthorne Elementary School		School (K-12)		Subchapter 8 (Other than K-12)		Other (i.e. private & commercial buildings, homes, etc.)	
428 Hawthorne Avenue		Square Feet		# of Floors		Bldg. Age	
City (5)		Newark, NJ		County Code (7)		Current Use (Prior if being demolished)	
County (6)		Essex		County Code (7)		Educational	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)		Spes Contracting LLC	
Street Address		59 Beaverbrook Rd. Ste 302 E		City, State, Zip Code		Lincoln Park, NJ 07035	
City, State, Zip Code		Moorestown, New Jersey 08057		Telephone No.		973-807-6330	
Project Manager for Monitoring Firm		Jim Guillard		Telephone No.		973-807-6330	
Start Date (10)		08/13/2026		Scheduled Completion Date (11)		08/20/2026	
Name of OSHA Monitor		Spes Contracting LLC		Street Address		59 Beaverbrook Rd. Suite 302 E	
City, State, Zip Code		Lincoln Park, NJ, 07035		City, State, Zip Code		Lincoln Park, NJ, 07035	
Occupancy Status During Abatement (Check Only One)		Facility Closed/Vacated During Entire Period of Abatement		Abatement Performed Outside of Normal Facility Hours		Other - Describe:	
Scope of Work (Check All That Apply)		☒ ≥ 3 sf or ≥ 3 lf		☒ Renovation		☒ Demolition	
☒ ≥ 160 sf or ≥ 260 lf		☒ Full Containment with Negative Pressure		☒ Mini-Enclosure		☒ Glovebag Procedure	
☒ Non-Exempted (*) and Non-Friable Procedure		Abatement Type		Amount (Specify SF or LF)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Removal		Repair		Encapsulate		Enclosure	
Basement Stop Sink		100 SF		Wall & Ceiling Plaster		100 SF	
1st Floor Stop Sink		100 SF		Wall & Ceiling Plaster		100 SF	
2nd Floor Stop Sink		100 SF		Wall & Ceiling Plaster		100 SF	
3rd Floor Stop Sink		100 SF		Wall & Ceiling Plaster		100 SF	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill	
Spes Contracting LLC		0038075		20		Tri State Transfer & Associates	
City, State		Lincoln Park, NJ 07035		Disposal Date		City, State	
Completed by		Title		Signature		Date	
Branislav Pavlov		General Manager				08/04/2026	

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

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Date of Notification (1) 8/6/2026		Name of Building Owner/Operator (2) BPS Florham Park Project GP, LP		Street Address 117 Cypress Point		City, State, Zip Code Saint Simons Island, GA 31522		Name of Contact ASBESTOS CONTROL & LICENSING		Telephone Number			
Agencies Notified		Type Notification		Initial		Amended		Emergency (including		Cancellation			
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		☒ Initial ☐ Amended ☐ Emergency (including ☐ Cancellation		☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		Square Feet # of Floors Bldg. Age		County (6) Morris		County Code (7) (STATE USE ONLY)	
Name of Facility Where Abatement is Taking Place (3)				Name of Abatement Contractor (9) NorthEast Management LLC				Street Address 41 Madison Avenue City, State, Zip Code Rochelle Park, NJ 07662					
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.				Name of Abatement Contractor (9) NorthEast Management LLC				Street Address 41 Madison Avenue City, State, Zip Code Rochelle Park, NJ 07662					
Project Manager for Monitoring Firm Telephone No.				Telephone No. 201-577-1381 License No. 02008				Start Date (10) 8/16/2026 Scheduled Completion Date (11) 8/24/2026					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Other - Describe:				Street Address 41 Madison Avenue City, State, Zip Code Rochelle Park, NJ 07662				Name of OSHA Monitor NorthEast Management LLC					
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 ft ☒ ≥ 160 sf or ≥ 260 ft ☐ Demolition ☒ Renovation				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				Abatement Type Enclosure Encapsulate Repair Removal					
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) 75LF				Window Glazing				Abatement Type Enclosure Encapsulate Repair Removal					
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				Title Owner Sonja Dimovska					

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

ASB-41 (R-06-08)

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

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Date of Notification (1) 8/06/2026		Name of Building Owner/Operator (2) AUG 10 2026	
Agencies Notified ☒ EPA ☒ Initial ☐ DEP ☐ Amended ☒ DOL ☐ Amendment # ☒ DOH ☐ Emergency (including ☐ DCA ☐ Justification) ☐ Cancellation		Street Address 242 Clinton Street, 2nd Fl City, State, Zip Code Paterson, NJ 07522 Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ☐ Residence ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		Square Foot 3,200 # of Floors 2 Bldg. Age 55+	
City (5) Paterson County (6) Passaic County Code (7) _____ (STATE USE ONLY)		Current Use (Prior if being demolished) _____ Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address 14 Willow Street City, State, Zip Code Bloomfield, NJ 07003 Telephone No. 973-333-9176 License No. 01331	
Project Manager to Monitoring Firm _____ Telephone No. _____ Scheduled Completion Date (11) 08/18/2026 Name of OSHA Monitor Envirovision Consultants, Inc.		Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8am-4:30pm Scope of Work (Check All That Apply) ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) In Facility TO BE ABATED (13)		Is Location Normally Used Solely by 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) Removal ☒ X Repair ☐ Encapsulate ☐ Enclosure ☐	
Basement boiler room TSI 30 LF		Name of Registered Waste Hauler Unicorn Contracting Corp. NJDEP Waste Hauler ID No. 0035844 Cubic Yards of Waste 1+ Disposal Date TBD City, State Morrisville, PA	
Completed by Katica Belevska Title Administrator Signature _____ Date 8/06/2026		City, State Bloomfield, New Jersey	

10290

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

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Print Form

Date of Notification (1)		8/7/26	
Name of Building Owner/Operator (2)		Toms River Police Department	
Street Address		255 Oak Ave	
City, State, Zip Code		Toms River NJ 08753	
Name of Contact		Chris Robledo	
Telephone Number		609-941-9293	
Type Notification		☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	
Agencies Notified		☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	
Name of Facility Where Abatement is Taking Place (3)		Toms River Police Department	
Street Address		255 Oak Ave	
City (5)		Toms River NJ 08753	
County (6)		Ocean	
Name of Monitoring Firm Hired by Building Owner (8)		TTI Environmental Inc.	
ASCM No.			
Name of Abatement Contractor (9)		Pernaco Inc.	
Street Address		PO Box 329	
City, State, Zip Code		West Berlin NJ 08091	
Telephone No.		856-753-9800	
License No.		00727	
Project Manager for Monitoring Firm		Jim Guillard!	
Telephone No.		609-314-1683	
Scheduled Completion Date (11)		8/21/26	
Name of OSHA Monitor		Same	
Street Address			
City, State, Zip Code			
Occupancy Status During Abatement (Check Only One)		☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 2nd Shift After 5PM	
Scope of Work (Check All That Apply)		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frangible 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)		Floor Tile	
Amount (Specify SF or LF)		36 SF	
Abatement Type		☒ Removal ☐ Repair ☐ Encapsulate ☐ Enclosure	
Name of Registered Waste Hauler		Pernaco Inc	
NJDEP Waste Hauler ID No.		21787	
Cubic Yards of Waste		1	
Disposal Date		8/21/26	
City, State		Morrisville PA 19067	
Completed by		Anthony T Perna	
Title		President	
Signature			
Date		8/7/26	

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

ASB-41 (R-06-08)

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Date of Notification (1) August 06, 2026		Name of Building Owner/Operator (2) DSM Nutritional Products, LLC		Street Address 45 Waterview Blvd		City, State, Zip Code Parsippany, NJ 07054		Name of Contact Project Manager		Telephone Number 973-234-7026	
Agencies Notified		Type Notification		Initial		Amended		Emergency (including Amendment #1)		Justification	
☒ EPA	☒ DEP	☒ DOL	☒ DOH	☒ DCA							
Name of Facility Where Abatement is Taking Place (3) DSM											
Street Address Mack's Island Dr											
City (5) Belvidere											
County (6) Warren											
Name of Monitoring Firm Hired by Building Owner (8) Emerald Environmental Group, LLC				ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC		Street Address 1500 Kings Hwy N, STE 209		City, State, Zip Code Cherry Hill, NJ 08034	
Name of Facility Where Abatement is Taking Place (3) DSM				Street Address 22 Ottawa Rd N		City, State, Zip Code Morganville, NJ 07751-1346		Project Manager for Monitoring Firm Joe Rizzo		Start Date (10) 7/6/26	
Occupancy Status During Abatement (Check Only One)				Facility Closed/Vacated During Entire Period of Abatement		Abatement Performed Outside of Normal Facility Hours		Other - Describe:			
☒ Facility Closed/Vacated During Entire Period of Abatement				☒ Abatement Performed Outside of Normal Facility Hours		☐ Other - Describe:					
Scope of Work (Check All That Apply)				☒ Renovation		☒ Demolition		☒ Full Containment with Negative Pressure		☒ Mini-Enclosure	
☒ ≥ 3 sf or ≥ 3 If				☒ ≥ 160 sf or ≥ 260 If							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)				Is Location Normally Used Solely by 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	
outside pipe rack				☒ Yes ☒ No ☒ N/A		pipe debris		200 sf		☒ Removal ☒ Repair ☒ Encapsulate ☒ Enclosure	
pipe & fitting insulation				☒ Yes ☒ No ☒ N/A		pipe & fitting insulation		99 lf		☒ Removal ☒ Repair ☒ Encapsulate ☒ Enclosure	
Name of Registered Waste Hauler Century Waste Services LLC				NJ DEP Waste Hauler ID No. 4509		Cubic Yards of Waste 3		Name of Registered Landfill IESI Bethlehem landfill / Minerva Ent		City, State Bethlehem, PA / Waynesburg, OH	
City, State Elizabeth, NJ				Disposal Date 7/6/27		Signature 		Date 8/6/26		V.P. Title Steve King	

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

55109038574

Date of Notification (1) June 18, 2026		Name of Building Owner/Operator (2) DSM Nutritional Products, LLC		Street Address 45 Watervliet Blvd		City, State, Zip Code Parippany, NJ 07054		Name of Contact Project Manager		Telephone Number 973-234-7026	
Agencies Notified		Type Notification		Initial		Amended		Emergency (including		Cancellation	
EPA		Initial		Amended		Emergency (including		Cancellation			
DOL											
DOH											
DCA											
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)		School (K-12)		Subchapter 8 (Other than K-12)		Other (i.e. private & commercial buildings, homes, etc.)			
Street Address		City (5)		County (6)		Current Use (Prior if being demolished)		Building			
Belvidere		Warren		County Code (7)		Name of Abatement Contractor (9)		The MACK Group, LLC			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Street Address		City, State, Zip Code		Cherry Hill, NJ 08034			
Emerald Environmental Group, LLC				1500 Kings Hwy N, STE 209		City, State, Zip Code		Cherry Hill, NJ 08034			
Project Manager for Monitoring Firm		Telephone No.		Telephone No.		License No.		Joe Rizzo			
(347) 886-1319		(973) 759 - 5000		00781							
Scheduled Completion Date (11)		7/6/27		Name of OSHA Monitor		The MACK Group, LLC					
Start Date (10)		7/6/26		Street Address		City, State, Zip Code		Cherry Hill, NJ 08034			
Occupancy Status During Abatement (Check Only One)		Facility Closed/Vacated During Entire Period of Abatement		Abatement Performed Outside of Normal Facility Hours		Other - Describe:					
Renovation		Demolition		Full Containment with Negative Pressure		Mini-Enclosure		Glovebag Procedure		Non-Exempted (?) and Non-Frangible Procedure	
Scope of Work (Check All That Apply)		≥ 3 sf or ≥ 3 lf		≥ 160 sf or ≥ 260 lf							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Removal		Repair	
outside pipe rack		Yes		pipe debris		200 sf		X		X	
		No		pipe insulation		4 lf					
		N/A									
Name of Registered Waste Hauler		NJ DEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		Century Waste Services LLC		Bethlehem, PA / Waynesburg, OH	
4509		2		7/6/27		City, State		Completed by		Steve King	
Signature		Date		6/18/26							

Print Form

91511

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

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JUL 23 2026

Print Form

Date of Notification (1) 07/02/2026		Name of Building Owner/Operator (2) Bridgewater-Raritan Regional School District		Street Address 836 Newmans Lane		City, State, Zip Code Bridgewater, NJ 08807		Name of Contact Stephen Santurro		Telephone Number 908-722-1822	
Agencies Notified		Type Notification		Initial		Amended		Amendment # 1		Emergency (including	
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		☐ Initial ☒ Amended ☐ Amendment # 1 ☐ Emergency (including ☐ Justification) ☐ Cancellation		Name of Facility Where Abatement is Taking Place (3) Eisenhower Intermediate School Street Address 791 Eisenhower Avenue City (5) Bridgewater County (6) Somerset		County Code (7) (STATE USE ONLY) School Current Use (Prior if being demolished)		Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052		Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates Street Address 3 Crosswicks Street City, State, Zip Code Bordentown, NJ 08505	
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520		Telephone No. 856-755-0099		License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 Route 130 North	
Start Date (10) 07/06/2026		Scheduled Completion Date (11) 07/17/2026		Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077		Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Work areas to be isolated from occupied areas	
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		Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Chalkboard Mastic 32 SF X Chalkboard Mastic 32 SF X Chalkboard Mastic 32 SF X Chalkboard Mastic 32 SF X		Name of Registered Landfill Conestoga Landfill City, State Morgantown, PA		Disposal Date 07/17/2026	
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		Cubic Yards of Waste 3 Name of Registered Landfill Conestoga Landfill City, State Morgantown, PA		Disposal Date 07/17/2026		City, State Freehold, NJ		Name of Registered Waste Hauler Freehold Cartage Hauler ID No. 15939		Title Operations Coordinator Completed by Samantha Brown Date 07/02/2026	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Is Location Normally Used Solely by Maintenance/Custodial	Yes No N/A	Room 401 Storage			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
			Room 402 Storage						
			Prep Rooms between Science Rooms 309, 308 & 401, 402						
			X	X					
			X	X					
			Floor Tile & Mastic			Floor Tile & Mastic	224 SF	X	
			Pipe Fitting Insulation (Wrap & Cut)			Pipe Fitting Insulation (Wrap & Cut)	5 LF	X	

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Print Form

Date of Notification (1) 04/14/2026		Name of Building Owner/Operator (2) APR 20 2026	
Agencies Notified		Type Notification	
☒ EPA	☒ Initial	Street Address 132 Morningside Rd	
☒ DEP	☒ Amended	City, State, Zip Code Paramus, NJ 07652	
☒ DOL	☐ Emergency (including	Name of Contact Telephone Number	
☒ DOH	☐ Justification)		
☒ DCA	☐ Cancellation		
Name of Facility Where Abatement is Taking Place (3)			
private house			
Street Address 132 Morningside Rd			
City (5) Paramus			
County (6) Bergen			
Name of Monitoring Firm Hired by Building Owner (8) N/A			
Name of Abatement Contractor (9) MHM Restoration LLC			
Street Address 164 Meriline Ave Apt C			
City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm			
Telephone No.		Telephone No.	
862-386-8433		862-386-8433	
License No.		02090	
Start Date (10) Scheduled Completion Date (11)			
Name of OSHA Monitor MHM Restoration LLC			
Street Address 164 Meriline Ave Apt C			
City, State, Zip Code Woodland Park NJ 07424			
Occupancy Status During Abatement (Check Only One)			
☒ Facility Closed/Vacated During Entire Period of Abatement			
☐ Abatement Performed Outside of Normal Facility Hours			
☐ Other - Describe:			
Scope of Work (Check All That Apply)			
☒ ≥ 3 sf or ≥ 3 ft			
☒ ≥ 160 sf or ≥ 260 ft			
☒ Renovation			
☐ Demolition			
☒ Full Containment with Negative Pressure			
☐ Mini-Enclosure			
☐ Glovebag Procedure			
☐ Non-Exempted (*) and Non-Friable Procedure			
Abatement Type			
Enclosure			
Encapsulate			
Repair			
Removal			
Amount (Specify SF or LF)			
230SF			
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Sheetrock			
VAT			
30SF			
1st floor			
basement			
Location of Asbestos-Containing Material (ACM) (13) In Facility TO BE ABATED			
Is Location Normally Used Solely by Custodial Staff? (12)			
Yes			
No			
N/A			
Name of Registered Waste Hauler			
MHM Restoration LLC			
Hauler ID No. 0042035			
Cubic Yards of Waste N/A			
Name of Registered Landfill			
Fairless			
City, State			
Morrisville PA			
Disposal Date			
TBD			
City, State			
Morrisville PA			
Completed by			
Mike Hadzic			
Title			
owner			
Signature			
Date			
04/14/2026			

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

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JUL 30 2026

Date of Notification (1) 04/14/2026		Name of Building Owner/Operator (2)	
Street Address 132 Morningside Rd		City, State, Zip Code Paramus, NJ 07652	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)			
Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)			
Square Feet			
# of Floors			
Bldg. Age			
City (5) Paramus			
County (6) Bergen			
Name of Monitoring Firm Hired by Building Owner (8) N/A			
Street Address 164 Merilline Ave Apt C			
City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Telephone No. 862-386-8433 License No. 02090			
Scheduled Completion Date (11) 04/24/2026			
Name of OSHA Monitor MHH Restoration LLC			
Street Address 164 Merilline Ave Apt C			
City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Telephone No. 862-386-8433 License No. 02090			
Start Date (10) 04/23/2026			
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:			
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			

Date of Notification (1) 04/14/2026		Name of Building Owner/Operator (2)	
Street Address 132 Morningside Rd		City, State, Zip Code Paramus, NJ 07652	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)			
Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)			
Square Feet			
# of Floors			
Bldg. Age			
City (5) Paramus			
County (6) Bergen			
Name of Monitoring Firm Hired by Building Owner (8) N/A			
Street Address 164 Merilline Ave Apt C			
City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Telephone No. 862-386-8433 License No. 02090			
Scheduled Completion Date (11) 04/24/2026			
Name of OSHA Monitor MHH Restoration LLC			
Street Address 164 Merilline Ave Apt C			
City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Telephone No. 862-386-8433 License No. 02090			
Start Date (10) 04/23/2026			
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:			
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) (13) TO BE ABATED In Facility		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 Enclosure Encapsulate Repair Removal	
basement		*		VAT		30SF		*	
1st floor		*		Sheetrock		230SF		*	

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

Date of Notification (1) 04/14/2026		Name of Building Owner/Operator (2)	
Street Address 132 Morningside Rd		City, State, Zip Code Paramus, NJ 07652	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)			
Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)			
Square Feet			
# of Floors			
Bldg. Age			
City (5) Paramus			
County (6) Bergen			
Name of Monitoring Firm Hired by Building Owner (8) N/A			
Street Address 164 Merilline Ave Apt C			
City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Telephone No. 862-386-8433 License No. 02090			
Scheduled Completion Date (11) 04/24/2026			
Name of OSHA Monitor MHH Restoration LLC			
Street Address 164 Merilline Ave Apt C			
City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Telephone No. 862-386-8433 License No. 02090			
Start Date (10) 04/23/2026			
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:			
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			

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

ASB-41 (R-06-08)

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

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Print Form

Date of Notification (1) 08/04/2026		Name of Building Owner/Operator (2) AUG 11 2026	
Street Address 21 Beaverdale Lane City, State, Zip Code Willingboro, NJ 08046 Name of Contact Telephone Number		Type Notification ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA ☐ Initial ☐ Amended ☒ Emergency (including Amendment #) ☐ Justification ☐ Cancellation	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 21 Beaverdale Lane City (5) Willingboro County (6) Burlington		County Code (7) (STATE USE ONLY) Residence Current Use (Prior if being demolished)	
Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 856-755-0099 License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Project Manager for Monitoring Firm Tim Harris Telephone No. 215-672-6088		Start Date (10) 08/15/2026 Scheduled Completion Date (11) 08/19/2026	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:			
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 If ☐ ≥ 150 sf or ≥ 260 If ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) In Facility TO BE ABATED (13) 1st Floor Bathroom, Living Room Wall, Entry Closet Walls, & Dining Room Wall		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) 126 SF Joint Compound/Sheetrock Removal Repair Encapsulate Enclosure		Abatement Type Amount (Specify SF or LF) 126 SF Joint Compound/Sheetrock Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Freehold Cartage Hauler ID No. 15939 Cubic Yards of Waste 1 Name of Registered Landfill Conestoga Landfill City, State Freehold, NJ Disposal Date 08/19/2026 City, State Morgantown, PA		Title Operations Coordinator Signature Date 08/04/2026 Completed by Samantha Brown	

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

ASB-41 (R-06-08)

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

11249

Date of Notification (1)		08/05/2026	
Name of Building Owner/Operator (2)		JP Morgan Chase Bank NA	
Street Address		PO Box 8265	
City, State, Zip Code		Wichita Falls, TX 76307	
Name of Contact		Nora Kuderka	
Telephone Number		908-806-4103	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)			
Chase Bank			
Street Address			
1 E. Clinton Street			
City (5)			
Dover			
County (6)			
Morris			
County Code (7)			
(STATE USE ONLY)			
Current Use (Prior if being demolished)			
Bank			
Name of Abatement Contractor (9)			
Shade Environmental, LLC			
Street Address			
623 Cutler Avenue			
City, State, Zip Code			
Maple Shade, NJ 08052			
Project Manager for Monitoring Firm			
Rafael Torres			
Telephone No.			
856-581-9055			
Telephone No.			
856-755-0099			
License No.			
00842			
Name of OSHA Monitor			
EMSL Analytical, Inc.			
Street Address			
200 Route 130 North			
City, State, Zip Code			
Cinnaminson, NJ 08077			
Occupancy Status During Abatement (Check Only One)			
☒ Facility Closed/Vacated During Entire Period of Abatement			
☐ Abatement Performed Outside of Normal Facility Hours			
☐ Other - Describe:			
Scope of Work (Check All That Apply)			
☒ ≥ 3 sf or ≥ 3 if			
☐ ≥ 160 sf or ≥ 260 if			
☒ Renovation			
☐ Demolition			
☒ Full Containment with Negative Pressure			
☐ Mini-Enclosure			
☐ Glovebag Procedure			
☒ Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM)			
In Facility (13)			
TO BE ABATED			
Used Solely by			
Normally			
Is Location			
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)			
16 SF			
Abatement Type			
Enclosure			
Encapsulate			
Repair			
Removal			
X			
Name of Registered Waste Hauler			
Freehold Cartage			
NJDEP Waste Hauler ID No.			
15939			
Cubic Yards of Waste			
1			
City, State			
Freehold, NJ			
Disposal Date			
08/19/2026			
City, State			
Morgantown, PA			
Name of Registered Landfill			
Conestoga Landfill			
Completed by			
Samantha Brown			
Title			
Operations Coordinator			
Signature			
08/05/2026			

Print Form

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

11245

Date of Notification (1) 08/03/2026		Name of Building Owner/Operator (2) Runnemed Board of Education		Street Address 24 N. Black Horse Pike, 2nd Floor		City, State, Zip Code Runnemed, NJ 08078		Name of Contact Frank Hines		Telephone Number 856-931-5353 x 224	
Agencies Notified		Type Notification		Initial		Amended		Emergency (including Amendment #)		Justification (Cancellation)	
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA											
Name of Facility Where Abatement is Taking Place (3) Mary E. Volz Middle School											
Street Address 505 W. 3rd Avenue											
City (5)		County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)		School		Type of Facility (4)	
Runnemed		Camden				50,000 # of Floors 2 Bldg. Age 70				☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC				ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Eberts				Telephone No. 856-205-1077		Telephone No. 856-755-0099		License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One)				Scheduled Completion Date (11) 08/07/2026		Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077		Abatement Type	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:											
Scope of Work (Check All That Apply)											
☒ ≥ 3 sf or ≥ 3 ft ☐ ≥ 160 sf or ≥ 260 ft ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible Procedure											
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by 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)		Removal Repair Encapsulate Enclosure		Abatement Type	
Faculty Room Foyer		X		Ceiling Plaster		23 SF		X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1		Name of Registered Landfill Conestoga Landfill		City, State Morgantown, PA		Disposal Date 08/07/2026	
City, State Freehold, NJ		Title Operations Manager		Signature Shannon Thomson		Date 08/03/2026		Completed by Shannon Thomson			

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Date of Notification (1) 08/04/2026		Name of Building Owner/Operator (2) SMS HOME IMPROVEMENT		Agencies Notified		Type Notification		Name of Building Owner/Operator (2) JACKSON N.J. 08527		Facility Information		Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Street Address 30 HARMON ST.		City (5) JERSEY CITY 07304		County (6) BERGEN		Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC		Street Address 52 FIELD RD.		City, State, Zip Code CLIFTON N.J. 07013		Telephone No. Telephone No. 2017760642 License No. 1300		Scheduled Completion Date (11) 08/15/2026		Name of OSHA Monitor HILLMANN CONSULTING LLC		Street Address 1605 VAUXHALL RD		City, State, Zip Code UNION N.J. 07083.		Scope of Work (Check All That Apply)		☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Glovebag Procedure ☐ Mini-Enclosure ☐ Non-Exempted (*) and Non-Frangible Procedure		☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Other - Describe: _____		Occupancy Status During Abatement (Check Only One)		Start Date (10) 08/14/2026		Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 2017760642 License No. 1300		Name of OSHA Monitor HILLMANN CONSULTING LLC		Street Address 1605 VAUXHALL RD		City, State, Zip Code UNION N.J. 07083.		☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Other - Describe: _____		☒ Full Containment with Negative Pressure ☐ Glovebag Procedure ☐ Mini-Enclosure ☐ Non-Exempted (*) and Non-Frangible Procedure		Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Custodial Staff? (12) Yes ☐ No ☐ N/A ☐ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) FLASHING Amount (Specify SF or LF) 40. LF Abatement Type Removal ☒ Repair ☐ Encapsulate ☐ Enclosure ☐		Name of Registered Waste Hauler TRI-STATE NJDEP Waste Hauler ID No. 19954 Cubic Yards of Waste TBD Name of Registered Landfill MINERVA ENTERPRISE INC. City, State WAYNESSBURG OHIO Disposal Date TBD City, State WAYNESSBURG OHIO		City, State BRONX NY. Completed by MANAGER Signature Date 08/04/2026		CARLOS ESQUIVEL	
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* Do not use this form for asbestos licensure exempted activities.

ASB-41 (R-06-08)