## STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

Data of M			Bearing St.		STEP CONTRACT	(PURSUA			AND 12:120-		Ch	rck.	#	100	0
Date of N	otification 05	(1)	8				Name of	Building	Owner / Ope	rator (2)			(3)	D IT FEE	-
	/ —	/-					Street Ad		MACEUTICAL	_S CORPO	RATION	EC	5	VE	-
Agencies	Notified	Type	of N	otific	ation		1 HEALT				IIUI:				7
	EPA	1.76		Initia			City, Stat				1131				11
		li			ended				NJ 07936		100 mm	DEC		2018	-
7	DOH		_	Ame	endment	#	Name of		140 07 000		Telepho	ne Numi		2010	+1
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		]		cellation						862-778	8799	ITROL 8	-1		
							FACILITY IN	FORMA	TION			The same transfer of	ICENS	IG	
											i	L	IOLIV	14	-
Name of	Facility Wh	ere Al	aten	nent i	s Taking	Place (3)		Type of	Facility (4)						
NOVARTI	S									275-827-0707					
Street Ad	droop		_					1 =	School (K						
1 HEALTH										er 8 (Other					
	וונאבא							<b>V</b>		., private &		al			
City (5)		Cour	ty (6	()		County Code	(7)	Square		mes, etc.)		In ""			_
EAST HAI	NOVER	MOR		''		County Code	(1)		00,000	# Of Floo	rs	Buildir	ng Age		
									Use (Prior if	being don	2 noliched)	+			
		-						OFFICE		being den	nonsnea)	1			
Name of I	Monitoring	Firm	lired	by B	ldg. Ow	ner (8)	ASCM NO		f Abatement	Contracto	r (9)	L			_
HILLMAN	N ENVIRO	NMEN	AL	, _	J. 5.11	(-)	1.55.111140	1	- Abatement	Jonuacio:	(3)				
		4 0 19 19 19 19 19 19 19 19 19 19 19 19 19						NORTHSTAR CONTRACTING GROUP, INC							
Street Ad									ddress						_
1600 Rout									- 355						
	e, Zip Code							32 Willia	ams Parkway						
	07038-159								ate, Zip Code					•	_
	ngr. For M	onitor	ng F	irm		Telephone Nu	umber	1							
MIKE NEF	1.6507.0000.000					908-688-7800		East Ha	nover, NJ 079	36					
	Start Date	(10)		Sche	ed. Com	pletetion Date (	11)	Telepho	ne Number		License	Number			
12/	/15	/_1	3	١.	12	/ <u>16</u> /	18								
000000000	CARALLE D					/		-	-884-8682			(	00860		
	y Status D	uring	Abati	emen	t (Check	Only 1)			f OSHA Moni					San arthur Di	
	Abatemer		aca	tea Di	uring Er	tire Period of			STAR CONTE	RACTING C	SROUP, IN	IC			
		0.71	ırmo	d Out	teido of	Normal Facility		Street A	ddress						
	Hours - D	escrib	v.	u Oui	iside of	Normal Facility		32 M/illio	ms Parkway						
7	Other - De			7:00/	AM-3:30F	PM		_	te, Zip Code						_
			-	SAT					nover, NJ 079						
Scope of \	Work (Che	ck All	hat	Apply	()		San Charles of the Local Division in the Loc	Luotina	10001, 140 070	00			-		Table 1
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	Demolitio				1	Renovation	<b>V</b>	Full Cor	ntainment wit	h Negative	Pressure	9			
			- P. C. S. C				Mini - Enclosure								
≥160 sf or ≥260 f								Glovebag Procedure							
								Non-Exe	empted (*) an	d Non-Fria	ble Proce	dure			
									12 Mark						
	Location o	**************************************			Is		Descript				Abateme	nt Type			
Asbestos Containing Material (ACM)				07.535	cation	As	sbestos - C		g		R		E	E	
	BE ABAT				rmally		Material			Amount	E	R	N	N	
10	in Facility			100	Jsed		.e., thermal			(Specify	M	E	C	C	
(13)			Solely by Main-				lation, sur other misc	· · · ·		SF or LF)	100000	P	A	L	
	()				nance/	01	other misc	enaneous	5)		V	A	le le	0	
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lame of R	egistered	Waste	Haul			NJDEP Waste	Cubic	Name of	Registered I	andfill					_
NEWARK (			- 1011C-0-00	5450F		Hauler ID No.	1982	IESI	ogiotered i	-anailli					
							of Waste								
City, State							Disposal	City. Sta	te					-	_
NEWARK,	NJ						Date		HEM, PA						
											1				
	by (Print	or Typ	)			Title			Signature	- //	-		Date		_
STEVEN S	IILES					PROJECT MAI	NAGER		1/2	1	1-				
			-	-	101-2-3				Stell	N. J.	4-2	-		12/05	118
SB-41									1	1	TABLE STATE	and the sales of	The said	Bridge St. Committee	_

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

C 100 1 39	A CALL		(1		to NJAC			•					Ct	# 6	139	7	
Date of Notification (1) 12/03/2018				Name of	f Building Realty	Owner/0	Operator	r (2)			I E	C		7			
Agencies Notified T	rpe Notification Initial Amended Amendment		Street Address 44 Island Container Plaza City, State, Zip Code Wyandanch, NY 11798						R		DEC		-20	018	The state of the s		
☑ DOH □ DCA	Emergency (including justification)   Cancellation   Cary Berkowitz									Tel 63	eppgr 31-25	PS CEN	TNC	ROL	8		
Name of Facility Where Aba Island Container Corp Street Address		g Place (3)	)	FACI	ILITY INFO	ORMAT	ION	Ty	/pe of Facility ( School (K-1 Subchapter	2)	er than	ı K-12)					
575 North Midland Av	9							Sc		rivate		mercial	bu T	ngs,	, home	es,	
Saddle Brook, NJ County (6) Bergen	County Code (7) (STATE USE ONLY)							166,000 1  Current Use (Prior if being demolished)  Office / Warehouse					d)	)+			
Name of Monitoring Firm Hi BioTerra Environment Street Address								Name of Abatement Contractor (9) Hazmat Diagnostic LLC Street Address						-			
1130 West Chestnut S	16 C							Glenwild Ave State, Zip Code									
Union, NJ 07083  Project Manager for Monitor	ng Firm Telephone No.						Bloomingdale, NJ 07403  Telephone No. License No						<u></u>				
Rick Eustaquio Start Date (10) 12/14/2018	973-494-3762 Scheduled Completion Date (11) 12/24/2018						973-928-3995 01181  Name of OSHA Monitor  Hazmat Diagnostic LLC							-			
Cocupancy Status During A  Facility Closed/Vacate Acatement Performed Other - Describe:	During Entire F			Street Address 16 Glenwild Ave City, State, Zip Code Bloomingdale, NJ 07403						_							
Scope of Work (Check All T  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	iat Apply)	-	enova emoliti	ition			Dioc XX	Full Containment with Negative Press									
Location of		N	Locatio	ally lely by ance/ Staff? )  Descr Asbestos Contair (i.e. thermal sy surfacin other mis			escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)							Vbatement Type			
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Mair	ntenar							Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
Main Warehous	: Area	103	140	X		Pine	Insula	tior	1	20	91 LF		X				
Main Warehous							vs / Fit					X					
Name of Registered Waste Hazmat Diagnostic LLC	0.0000000000000000000000000000000000000		Ha	JDEP W auler ID 035440	O No. of Waste			Name of Registered Landfill Fairless Hills Landfill									
City, State Bloomingdale, NJ Completed by		Title				TBD	ianatura		City, State Morrisvi		A	D.:					
Tatiana Rotaru		COO				5	Signature				12/03			<b>)</b> 18			

State of NJ Notification of Asbestos Abatement D&S Proj. #: 18-261 (Pursuant to NJAC 8:60 and 12:120) PAL Date of Notification (1) Name of Building Owner/Operator (2) DEC 1 1 / 3 0 / 1 8 dorothy henick Agencies Notified Type Notific ition Street Address EPA Initial | ASBESTOS CON' LICENSING Amended DEP City, State, Zip Code Amendment DOL Emergenc tenafly, nj 07670 DOH. (including Name of Contact Telephone Number justification) □ DCA dorothy henick Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) dorothy henick Subchapter 8 (Othe han K-12) Street Address Other (Private/Com Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being o nolished) tenafly bergen Name of Monitoring Firm Hired by Bldg. Owner (8) 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 Fire Phone Number Telephone Number License Nu 973-345-8020 011 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/12/18 12/24/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outsider of normal facility hours-Describe: Other-Describe: NORMAL IOURS Paterson, NJ 07503 Scope of Work (check all that app y) Full Containment w/negative pre  $\times$  >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-fria procedure Is location normally used solely R Location of E by maintenance/custodial 6 asbestos-containing п Amount Description of asbestos-containing n staff(12) n material (acm) to be p C (Specify SF or material (ACM) C 0 abated in facility (13) LF) a Yes No N/A p е basement above ceiling PIPE INSULATION 70 I ft D closet inside soffit D PIPE INSULATION 10 lft corner closet D PIPE INSULATION 21ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/13/18 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 11/30/18