

CH1211

# PAID

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

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Print Form  
FEB 13 2018

Date of Notification (1) 02/06/18		Name of Building Owner/Operator (2) NEWARK HADDAD HOLDINGS INC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1223 BROAD ST. NEWARK, NJ, 07114	
		City, State, Zip Code NEWARK NJ 07114	
		Name of Contact JOANN HADDAD	

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 47 DELL GLEN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 DELL GLEN		Square Feet 200	# of Floors 3
City (5) LODI		Bldg. Age 1948	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ARIAI	
Street Address		Street Address 144 MILL ST.	
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07501	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973653 9652	License No. 1257

Start Date (10) 02/16/18	Scheduled Completion Date (11) 02/28/18	Name of OSHA Monitor GORAN IGEV
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 144 MILL ST
		City, State, Zip Code PATERSON NJ 07501

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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		✓		SURFACING	4000 SF	✓			

Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES	NJDEP Waste Hauler ID No. 200351	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O. W.S.
City, State PATERSON NJ		Disposal Date TBD	City, State MOORISVILLE, PA
Completed by GORAN IGEV	Title VP	Signature 	Date 02/06/18

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

CH1210

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FEB 13 2018

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) <b>02/06/18</b>		Name of Building Owner/Operator (2) <b>JEVON O'NEIL</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1015 KENYON AVE</b>	
		City, State, Zip Code <b>PLAINFIELD, NJ, 07060</b>	
		Name of Contact <b>JEVON O'NEIL</b>	

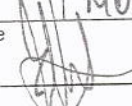
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>1015 KENYON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1015 KENYON AVE</b>		Square Feet <b>2400</b>	# of Floors <b>2</b>
City (5) <b>PLAINFIELD</b>		Bldg. Age <b>1928</b>	
County (6) <b>UNION</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>ARIAI</b>
Street Address		Street Address <b>144 MILL ST.</b>	
City, State, Zip Code		City, State, Zip Code <b>PATERSON, NJ, 07651</b>	
Project Manager for Monitoring Firm		Telephone No. <b>973 653 9652</b>	License No. <b>1257</b>
Start Date (10) <b>02/17/18</b>	Scheduled Completion Date (11) <b>02/27/18</b>	Name of OSHA Monitor <b>GORAN IGEV</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>144 MILL ST.</b>	
		City, State, Zip Code <b>PATERSON NJ 07651</b>	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>TSI</b>	<b>210 LF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>INDIAN ARROW INDUSTRIES</b>		NJDEP Waste Hauler ID No. <b>36031</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>PATERSON, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>MOORISVILLE, PA</b>		
Completed by <b>GORAN IGEV</b>	Title <b>VP</b>	Signature 		Date <b>02/06/18</b>	

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

CH 1384

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

**P A I D**

**RECEIVED**  
 FEB 13 2018  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/17/17		Name of Building Owner/Operator (2): PENNINGTON PASSAIC LLC.	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification ( ) Initial Notification (X) Amendment Notification ( ) Emergency ( ) Cancellation	Street Address: 512 7 <sup>TH</sup> . AVE. 16 FL.	
		City, State, Zip Code: NY, NY 10018	
		Name of Contact: DAVID ROGATSKY	Telephone Number:

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): COMMERCIAL		Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 209-211 PENNINGTON AVE.			
City & State (5): PASSAIC, NJ		Square Feet: NA	# of Floors: 5
County (6): PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, INC.		ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: PO BOX 8466		Street Address: 339 North 6 <sup>th</sup> Street	
City, State, Zip Code: HALEDON, NJ 07538		City, State, Zip Code: Prospect Park, NJ 07508	
Project Manager for Monitoring Firm: FERNANDO		Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955
Start Date (10): 11/27/17		Scheduled Completion Date (11): 2/3/18	License No.: 00641
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.	
		Street Address: 339 North 6th Street	
		City, State, Zip Code: Prospect Park, NJ 07508	

Scope of Work (Check all that apply):

( )  $\geq 3$  sf or  $\geq 3$  lf  
 (X)  $\geq 160$  sf or  $\geq 260$  lf

(X) Renovation  
 ( ) Demolition

(X) Full Containment with Negative Pressure  
 (X) Mini Enclosure  
 (X) Glovebag Procedure  
 (X) 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	Encapsulat	Enclosure
SEE ATTACHED		X		PIPE- FITTINGS	3,050 LF	X			
SEE ATTACHED		X		GLUE-DUCT-FLOOR TILES MASTIC	5,065 SF	X			
SEE ATTACHED		X		MIXED DEBRIS	30 YDS	X			

Name of Registered Waste Hauler: SERVICES TRANSPORT GROUO, INC.		NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: NEW CASTLE, DE		Disposal Date: 1/30/18	City, State: WAYNESBURG, PA 19720	
Completed By: MIKE ALTADOUKA		Title: PRESIDENT	Signature: 	Date: 1/30/18