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

Date of Notification (1) 02/06/18

Name of Building Owner/Operator (2) NEWARK HADDAD HOLDINGS, LLC

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (Including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Address Address

1203 BROAD ST. NEWARK, NJ 07114

City, State, Zip Code

NEWARK, NJ 07114

Name of Contact

JOHNN HADDAD

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) U.S. DEP.

City (5)

LODI

County (6)

BERGEN

County Code (7)

(SATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ARIAI

Street Address

144 NICK ST.

City, State, Zip Code

PATERSON, NJ 07501

Project Manager for Monitoring Firm

Telephone No.

973-653-9652

License No.

1254

Start Date (10) 02/16/18

Scheduled Completion Date (11) 02/28/18

Occupy 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)

☑ ≥ 3,000 sf or ≥3 if

☑ ≥180 sf or ≥600 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

Exterior

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes ☑ No ☐ N/A ☐

Description of Asbestos-Containing Material (ACM) (13)

SURFACING

Amount (Specify SF or LF) 4,000 SF

Abatement Type

Endoscope

Encapsulate

Degradation

Removal

Repair

Endoscope

Encapsulate

Degradation

Removal

Repair

Endoscope

Encapsulate

Degradation

Removal

Repair

Name of Registered Waste Hauler

INDIAN ARROW INDUSTRIES

Cubic Yard of Waste

TBD

Name of Registered Landfill

G.R.O.W.S.

City, State

PATERSON, NJ

Disposal Date

TBD

Name of Registered Landfill

ANOORISVILLE, PA

Completed by

GORAN IGEM

Title VP

Signature

Date 02/06/18

* Do not use this form for asbestos licensure exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification:** 02/06/18

**Name of Building Owner/Operator:** DEVON O'NEIL

**Agency Notified:**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DOA

**Type of Notification:**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address:** 1015 KENYON AVE

**City, State, Zip Code:** PLAINFIELD, NJ, 07060

**Name of Contact:** DEVON O'NEIL

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**

1015 KENYON AVE

**Name of Monitoring Firm HIred by Building Owner:**

ASCM No.

**Name of Abatement Contractor:**

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Start Date:** 02/17/18

**Schedule Completed Date:** 02/27/18

**Occupancy Status During Abatement:**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe:

**Scope of Work (Check All That Apply):**

- [ ] 23 sf or 23 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

In Facility

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

- [ ] 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):** 210 LF

**Abatement Type:**

- [ ] Full Containment with Negative Pressure
- [ ] Mill Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler:** INDIAN ARROW INDUSTRIES

**Cubic Yards of Waste:** 56031

**Name of Registered Landfill:** G.R.O.W.S.

**City, State:** PATerson, NJ

**Completed by:** Goran Igev

**Title:** VP

**Signature:**

**Date:** 02/06/18

---

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50-4.20 and 12:20)  
State of New Jersey

**Date of Notification (1):** 11/17/17  
**Name of Building Owner/Operator (2):** PENNINGTON PASSAIC LLC.

**Agencies Notified**  
(X) EPA  
(X) NYS DEP  
(X) NYS DOH  
(X) NYS DCA

**Type Notification**  
( ) Initial  
( ) Amendment  
( ) Emergency  
( ) Cancellation

**Street Address:** 512 7th Ave, 16 FL, NY, NY 10018  
**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)  
( ) 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  
**Bldg. Age:** NA

**County (6):** PASSAIC  
**County Code (7):** (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner (8):** ENVIRONMENTAL CONSULTING GROUP, INC.

**ASCM No.:** NA  
**Current Use (Prior if being demolished):** VACANT

**Street Address:** PO BOX 8466

**City, State, Zip Code:** Haledon, NJ 07518

**Name of Abatement Contractor (9):** S/M Enterprise of NJ, Inc.

**Street Address:** 339 North 6th Street  
**City, State, Zip Code:** Prospect Park, NJ 07508

**Project Manager for Monitoring Firm:** FERNANDO

**Telephone No.:** 973-418-4036

**Telephone No.:** (973) 595-6955  
**License No.:** 00641

**Start Date (10):** 11/27/17  
**Scheduled Completion Date (11):** 2/3/18

**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  
( ) ≥ 100 sf or ≥ 260 lf  
( ) Renovation  
( ) Demolition  
( ) Full Containment with Negative Pressure  
( ) Mini Enclosure  
( ) Glovebox Procedure  
( ) Non-Friable Procedure

---

### Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE ATTACHED</td>
<td>X</td>
<td>PIPE-FITTINGS</td>
<td>3,050 LF</td>
<td>X</td>
</tr>
<tr>
<td>SEE ATTACHED</td>
<td>X</td>
<td>GLUE-DUCT-FLOOR TILES MASTIC</td>
<td>5,065 SF</td>
<td>X</td>
</tr>
<tr>
<td>SEE ATTACHED</td>
<td>X</td>
<td>MIXED DEBRIS</td>
<td>30 YDS</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** SERVICES TRANSPORT GROUP, 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