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

Date of Notification (1) 07 / 15 / 19

Name of Building Owner/Operator (2) Metro Real Estate Development Corp.

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

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

FACILITY INFORMATION

Commercial

Street Address
2 Broad Street, Suite 305

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Warren Sprake

Telephone Number
908-570-5711

County Code (7)/(STATE USE ONLY)

Current Use (Prior if being demolished)

County
Essex

Facility Where Abatement is Taking Place (3)

City
Bloomfield, NJ

Name of Monitoring Firm Hired by Building Owner (8)
Mark Jovic Consulting LLC

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

License No.
1188

Name of OSHA Monitor

ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

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:

Start Date (10)
07 / 15 / 19

Scheduled Completion Date (11)
12 / 15 / 19

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)

TO BE ABATED
IN Facility

Yes
No
N/A

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

Pipe Insulation
50 LF

Fluffy Material
800 SF

Window Caulking
25 LF

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Century Waste, LLC/Newark Carting/All Pro

NUDEP Waste Hauler ID No.
32797 / 0283

Location of Asbestos-Containing Material (ACM)

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

Name of Registered Landfill
GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill

Cubic Yards of Waste
As Needed

Disposal Date TBD

City, State
Morrisville, PA / Pen Argyl, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date 7/15/19

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

(Pursuant to NJAC 5:93 and 12:120)

**Date of Notification (1)**  
07/16/2019

**Name of Building Owner/Operator (2)**  
Colette Killian

**Agencies Notified**  
- EPA
- DEP
- DOL
- DOH
- DCA

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

**Street Address**  
[Redacted]

**City, State, Zip Code**  
Rochelle, NJ, 07662

**Name of Contact**  
Colette Killian

**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.)

**Square Feet**  
N/A

**# of Floors**  
N/A

**Bldg. Age**  
N/A

**Current Use (Prior to being demolished)**

**PRIVATE HOUSE**

**Name of Monitoring Firm**  
N/A

**Name of Abatement Contractor (9)**  
EHW ABATEMENT LLC

**Street Address**  
89 FRANKLIN AVENUE

**City, State, Zip Code**  
PATerson, NJ, 07524

**Telephone No.**  
973-333-5144

**License No.**  
01274

**Name of OSHA Monitor**  
EHW ABATEMENT LLC

**Street Address**  
89 FRANKLIN STREET

**City, State, Zip Code**  
PATerson, NJ, 07524

**Start Date (10)**  
07/27/2019

**Scheduled Completion Date (11)**  
07/28/2019

**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 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM)**

- i.e., thermal systems, insulation, surfacing, VAC, or other miscellaneous

**Amount (Specify SF or LF)**  
80 LF

**Abatement Type**

- Removal
- Repair
- Encapsulation
- Enclosure

**Name of Registered Waste Hauler**  
EHW ABATEMENT LLC

**Disposal Date**  
TBD

**City, State Transfer**  
BRONX, NY

**Completed by**  
Victor Espiritu

**Title**  
Project manager

**Signature**  
[Signature]

**Date**  
07/16/2019

*[Do not use this form for asbestos licensure exempted activities.]*
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**  
07/16/2019

**Name of Building Owner/Operator (2)**  
Chris Beneckick

**Agencies Notified**  
- EPA  
- DEP  
- DOH  
- DCA

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

**Street Address**  
[Redacted]

**City, State, Zip Code**  
Ridgewood, NJ, 07450

**Name of Contact**  
Chris

**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.)

**Square Feet**  
N/A

**# of Floors**  
N/A

**Current Use (Prior if being demolished)**  
PRIVATE HOUSE

**PRIVATE HOUSE**

**Name of Monitoring Firm Hired by Building Owner (8)**  
EHW ABATEMENT LLC

**Name of Abatement Contractor (9)**  
EHW ABATEMENT LLC

**Street Address**  
89 FRANKLIN AVENUE

**City, State, Zip Code**  
PATERSON, NJ, 07524

**Telephone No.**  
973-333-5144

**License No.**  
01274

**Name of OSHA Monitor**  
EHW ABATEMENT LLC

**Street Address**  
89 FRANKLIN STREET

**City, State, Zip Code**  
PATERSON, NJ, 07524

**SCHEDULED COMPLETION DATE (11)**  
07/27/2019

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

**Start Date (10)**  
07/20/2019

**End Date (12)**

**Scope of Work (Check All That Apply)**  
- ≤ 3 sft or ≥ 160 sft
- ≥ 600 sft or ≥ 260 sft
- 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>120 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
EHW ABATEMENT LLC

**Name of Registered Landfill**  
Tri State Transfer

**City, State**  
PATERSON, NJ, 07524

**Disposal Date**  
TBD

**Date**  
07/16/2019

**Completed by**  
Victor Espiritu

**Title**  
Project Manager

**Signature**  
[Signature]

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ABSESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 12 / 19

Name of Building Owner/Operator (2) Cottage Street Orbit Acquisitions, LLC

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 6:23-8)

Type Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address
7420 S. Karen's Road, Suite 101
City, State, Zip Code
Tempe, AZ 85283
Name of Contact
Stephen Earley
Telephone Number
201-668-1798

FACILITY INFORMATION

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

Street Address
31-39 Central Avenue

City (5)
Newark

County (6)
Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Mark Jovic Consulting LLC

ASCM No. Name of Abatement Contractor (9)

Street Address
87 Main Street, Suite A

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Mark Jovic

Telephone No.
973-650-8932

Start Date (10)
07 / 22 / 19

Scheduled Completion Date (11)
09 / 30 / 19

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

Square Feet

# of Floors

Bldg. Age

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
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

License No.
1188

Scope of Work (Check all that apply)
- <30 sf or <30 ft
- >160 sf or >260 ft

- 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

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

Name of Registered Waste Hauler
Century Waste, LLC/Newark Carting

NJDEP Waste Hauler ID No. 32797 / 0283

Cubic Yards of Waste As Needed

Name of Registered Landfill
GROWS North Landfill/Fairless Landfill / Grand Central Sanitary Landfill

City, State
Elizabeth, NJ / Newark, NJ / Garfield, NJ

Disposal Date
TBD

City, State
Morrisville, PA / Pen Argyl, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
7/12/19

* Do not use this form for asbestos license exempted activities