JM 4 12860

CK 1721	PAI	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)														
Date of Notification (1)	15 /	19	<u> </u>					wner/Operator (III JU	18	2019		U		
					IVIE	etro Keai	EST	ate Developn	nent Corp.	H T				CO. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST		
Agencies Notified EPA	Type Notific	cation			100000000000000000000000000000000000000	et Address Broad Str	eet	Suite 305	ASBES	TOS CC	NTR	DL &	-			
□ DOLWD		d				State, Zip					ICENS	NG	a Shanna			
☑ DOH	_ Amendm		-		158	ocate, zip comfield,			_							
DCA	☐ Emerger		ncludin	g		e of Contac		07003								
(NJAC 5:23-8)	justificati Cancella				0.0000000000000000000000000000000000000	arren Spr	765		Telephone Number 908-670-5711							
			FA	CILITY	VFO	RMATION										
Name of Facility Where A	batement is	Taking	o Place	(3)		OILITT II	" 0	MATION	Type of Facilit	tr. (4)						
Commercial			ga.oc	(0)					School (K-	THE P. LEWIS CO., LANSING MICH.						
Street Address										er 8 (Other than I	K-12)					
609-611 Bloomfield	Avenue								Other (i.e., homes, etc	private and con	nmercial l	ouilding	js,			
City (5)									Square Feet	# of Floors	I	Bldg. A	ge			
Bloomfield, NJ									A 200				B100			
County (6)					Cou	nty Code (7)(ST/	ATE USE ONLY)	Current Use (F	Prior if being der	nolished)			_		
Essex									V	3						
Name of Monitoring Firm	Hired by Buile	ding C	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor ((9)	-	-	-			
Mark Jovic Consult				. ,			1									
Street Address							-	eet Address	ANAGEMENT LLC							
87 Main Street, Suit	e A							27 Outwater I	lane							
City, State, Zip Code							100	y, State, Zip Co								
Lincoln Park, NJ 07	035					.69		Sarfield, NJ								
Project Manager for Monit				Tel	phone	No	_	ephone No.								
Mark Jovic				7750		-0932	1 -	73-928-4888		1188	D.			- 1		
Start Date (10)		Sched	luled C					me of OSHA M		1100				_		
Start Date (10) Scheduled Complet							10-10-20-2		NAGEMENT	LLC						
Occupancy Status During							Str	eet Address								
☐ Facility Closed/Vacate	d During Enti	re Per	riod of	Abate	ment		2	7 Outwater L								
Abatement Performed	Outside of No	ormal	Facility	/ Hou	rs - Des		City	y, State, Zip Co	ide							
Time of Abatement:	AIVI	PI	VI/	_PIVI		AM	0	Sarfield, NJ (07026							
Scope of Work (Check all	that apply)						-	M F. II C	-1					\neg		
≥3 sf or ≥3 lf			Re	novat	on			☐ Mini-Encl	ainment with Ne osure	egative Pressure	е					
≥160 sf or ≥260 lf			⊠ De	moliti	on				Procedure							
								Non-Exer	mpted (*) and N	lon-Friable Proc	edure					
Location	of		(0.000)	Loca Vorma				5			A	oatem	ent Ty	уре		
Asbestos-Containing N		1)	Use	d Sol	ely by	Asbe	stos	Description of Containing Mat		Amount	Re	Re	四	四		
TO BE ABA	TED			intena	nce/ Staff?		., the	rmal systems in	nsulation,	(Specify	Remova	Repair	cap	clos		
IN Facility (13)	У		Cusi	(12)	Stall?			surfacing, VAT,		SF or LF)	val	7	Encapsulate	Enclosure		
(10)			Yes	No	N/A		Ol	her miscellaned	ous)				ate			
Basement						Pipe Ins	sulla	ition								
1st & 2nd Floor						Plaster				8.000 SF		П				
1 st Floor						Fluffy N	late	rial			-					
Exterior			П	П		Windov	v Ca	ulking		25 LF		1				
Name of Registered Waste	e Hauler				JDEP \			oic Yards of	Name of Peg		37-23.5	1		Щ		
Century Waste, LLC		rtina	/All P	1000	lauler II		Wa			istered Landfill orth Landfill / Fa		ndfill	1			
City, State		9			32797	/ / 0283		s Needed		ral Sanitary La	ndfill					
Elizabeth, NJ / Newa	rk, NJ / Ga	rfield	i, NJ					posal Date BD	City, State Morrisville, PA / Pen Argyl, PA							
Completed By (Print or Ty		Title						Signature		-,		<i>ii</i>				
Allen Monchik	/			Man	aner				701 1	./	Date					
CD 44		Project Manager						Allen	in Monchik 7/15/19							

JNV# 1385	59										F	Print F		
CKXLII #	AID	NOT	IFICATI	State of New Jers ON OF ASBESTO Int to NJAC 8:60 a	SABATI	EMENT	m	EC	E	11	// /	3 [
Date of Notification (1) 07/16/2019			Name	of Building Owner ette Killian	r/Operato				U 1	J 1				
G	otification			t Address			JUL	1	3 20	19				
✓ DEP Ar	itial mended mendment #		City, S	State, Zip Code helle,NJ,07662		acanto di managara	ASBESTOS CONTROL &							
DOH Er	nergency (including stification)	9	Name	of Contact		1	LICENSING Telephone Number							
	incellation			Colette Killiam FACILITY INFORMATION										
Name of Facility Where Abatement Private House	nt is Taking Place (3)		- I I I I I I I I I I I I I I I I I I I	iioii	Type of Fa	acility (4)							
Street Address		111				Subc	ol (K-12) hapter 8 (Otl r (i.e. private	her than K- & commer	12) cial bu	ildings	s, hon	nes,		
City (5) Rochelle						Square Fe N/A	et # 0	of Floors /A		Bldg. N/A	Age			
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Current Us PRIVAT	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by N/A	Building Owner (8))	ASC	M No.	Name	of Abateme		Contractor (9)						
Street Address					Street		AVENUE							
City, State, Zip Code					de									
Project Manager for Monitoring Fin	m	Т	Telepho	one No.	J,07524	,U/524 License No.								
Start Date (10)	nnletion	Date (11)		01274	٧٥.									
07/27/2019	07/28/2	2019	npietion	Date (11)	nitor IENT LLC									
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	nent		STREET											
Scope of Work (Check All That App	oly)				PATE	RSON,N	J,07524							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	 R	enova emolit			y	Mini-Encl Glovebag	ainment with osure Procedure npted (*) and							
Location of		Locati ormal		_					1	Abate	ement pe			
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	ACM) Used	d Sole ntenar odial S (12)	y by ice/	Asbestos Conta (i.e. thermal surface	scription of aining Ma systems sing, VAT aiscellane	aterial (ACM insulation, , or	(S	Amount (Specify SF or LF)			Encapsulate	Enclosure		
BASEMENT	Yes	No	N/A	. DIDE IN					Removal	Repair	late	ıre		
DIOCIVICIAL			PIPE IN	SULAT	ION	80	80 LF							
											-	-		
Name of Registered Waste Hauler		N.	IDEP W	aste Cubic	'ards	Name	e of Register	ad l anden						
EHW ABATEMENT LLC		Ha	uler ID 37095	No. of Wast		- N	State Tran							
City, State PATERSON,NJ,07524				Disposa TBD	al Date	City,	State ONX,NY							
Completed by /ictor Espiritu	Title Projec	t ma	nager	Sig	nature A A	~ 11	Wila) Dat 07	e /16/2	019				

Tnv#128	55											Print				
CKS40 PAI	D	NO	FIFICAT (Pursua	State of New John OF ASBEST ant to NJAC 8:60	OS ARAT	EMENT 20)	Parameter Control	n E ($\overline{\mathbb{V}}$	E				
Date of Notification (1) 07/16/2019			Nam	e of Building Owi	ner/Operat	And Allendary										
Agencies Notified Type Notificati	on		Stree	t Address				4 4	11_1	8 ;	019	Table Section				
PA Initial Amended Amendment			City,	State, Zip Code			The state of the s	ASSESTOR CONTROL								
✓ DOL Amendmo	cy (includi	ing		gewood,NJ,07	7450		ASSESTOS CONTROL & LICENSING									
DCA Cancellat			Chri	is				Telephone Number								
Name of Facility Where Abatement is Tail Private House	king Place	(3)	FA	CILITY INFORM	ATION	Type of	Facility (4)			_						
Street Address City (5)						Su	ner (i.e. pri	(Other than I	(-12) ercial b	uilding	ıs, ho	mes,				
Ridgewood					Square I N/A		# of Floors Bldg. Age N/A N/A									
County (6) Bergen		County (STATE	y Code (7) E USE ONLY)		Current PRIVA	Current Use (Prior if being demolished) PRIVATE HOUSE										
Name of Monitoring Firm Hired by Building N/A	8)	ASC	CM No.	Name	of Abatem	ent Contra	t Contractor (9) ENT LLC									
Street Address				Street												
City, State, Zip Code						HANKLI state, Zip C	N AVEN	UE ————								
Project Manager for Monitoring Firm			Toloph	one No.	PAT	ERSON,	NJ,0752	4								
Start Date (10)					Teleph 973-	4	License No. 01274									
07/26/2019	07/27	/2019	mpletion	Date (11)	Monitor MENT L	LC										
Occupancy Status During Abatement (Che			Street	Address	N STREE											
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facili	Abater ty Hour	nent s		City, S	ate, Zip Ci	ode			*						
Scope of Work (Check All That Apply)					PATE	RSON,I	VJ,07524	1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli	ation tion		closure ag Procedu												
Location of		s Locati Normal						and Non-i na	IDIE FIC	Abat	emen	t				
Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	ed Sole aintenar	ly by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation,				Amount		1)	ре					
In Facility (13)	Yes	todial S (12)	Staff?	surf	al systems acing, VAT miscellane	, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure				
BASEMENT	No	N/A	DIDE WOLK							ate	ге					
				- COLA	ATION 120 LF											
Name of Registered Waste Hauler EHW ABATEMENT LLC		Ha	JDEP Wauler ID I	No. of Wa		of Registered Landfill tate Transfer										
City, State PATERSON,NJ,07524				Dispo	sal Date	City	, State	4								
Completed by /ictor Espiritu	nager	TBD	Signature	BH	ONX,NY) Da	ite 7/16/2	010		-						

TOV	#10	181	02							n P	@ [= n	ПП	E	1 1			
CK 1719	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)																	
Date of Notification (1)				١. ٠						JUL	10	2046		Transcent of the State of the S				
	12 /	19				of Building		UUL	10	2013	F.	The state of the s						
Agencies Notified	Type Notifica	ation			Street	Address				AGD	ESTO:	2 00	MTD/	M 0				
⊠ EPA	Initial						en's l	Road, Suite	101	ASD		ENSIN		AL C	1			
⊠ DOLWD	☐ Amended					State, Zip C		riouu, ouito	.0.	A CONTRACTOR OF THE PARTY OF TH	CO C			1000000	STATE OF THE PARTY			
⊠ DOH	Amendme	_				Tempe, AZ 85283												
DCA (NJAC 5:23-8)	☐ Emergend justification	cy (ini	cluding			of Contac	ner			_								
(3 3,	☐ Cancellat					phen Ear	umber 798											
-					10000000	Stephen Earley 201-668-1798 FACILITY INFORMATION												
Name of Facility Where A	Abatement is T	aking	Place	(3)	1 //	JILIT IIV	u Oik	MATION	Type of Facilit	v (4)				-	-			
Commercial		u9	. 1000	(0)					School (K-	-								
Street Address		2273.0000							☐ Subchapte	r 8 (Other tha					1			
31-39 Central Aven	ue								Other (i.e.,		commer	cial bu	ildings	\$,				
City (5)									homes, etc	# of Floo	oro	DI	ła Ao	0	_			
Newark									Square reet	# 01 1101	UIS	DIC	ig. Ag	Е				
County (6)			Cour	ty Code (7	NSTAT	TE USE ONLY)	Current Use (F	Prior if haing	domolic	hod)								
Essex		000	ity code (i	ДОТАТ	IL OOL ONL!)	Current Ose (i	nor it being t	uentolis	neu)									
Name of Monitoring Firm	Hired by Build	lina O	wner (8)	ASCM	No	Nan	ne of Ahateme	ent Contractor (0)								
Mark Jovic Consult	,,,,,,,	,	toow	140.	1		NAGEMENT											
Street Address								CONTRACTOR CONTRACTOR	MAGEMENT	LLC				_	_			
87 Main Street, Suit	te A					Street Address 27 Outwater Lane												
City, State, Zip Code	City, State, Zip Code																	
Lincoln Park, NJ 07	7035					Garfield, NJ 07026												
Project Manager for Moni		Tele	phone	No.		phone No.	01020	License	No				_					
Mark Jovic			3-650			73-928-4888		1188										
Start Date (10)	Is	chedi	uled C			te (11)	1 3	Name of OSHA Monitor							-			
07 / _22_ /						19			NAGEMENT	LIC								
Occupancy Status During								et Address							_			
☐ Facility Closed/Vacate					nent			7 Outwater I	ano									
☐ Abatement Performed	Outside of No					cribe		State, Zip Co					_		_			
Time of Abatement: _	AM					AM		arfield, NJ										
Scope of Work (Check all	that apply)				_				01020									
	11.77							☐ Full Cont	ainment with N	egative Press	sure							
≥3 sf or ≥3 lf≥160 sf or >260 lf				novatio molitio				☐ Mini-Encl										
_			₩ 00	mondo					mpted (*) and N	lon-Friable P	rocedur	е						
				Locati								Abatement Type						
Location of Normal Asbestos-Containing Material (ACM) Used Sol								Description o				-	1 1		_			
TO BE ABA	Matenai (ACM TED)	Ma	intena	nce/			Containing Ma mal systems i			unt cify	Removal	Repair	Encapsulate	Enclosure			
IN Facilit			Cust	todial S	Staff?	(,,,,	St	urfacing, VAT,	, or	SF or		oval	7	nsd	Sur			
(13)			Yes	(12) No	N/A	1	oth	er miscellane	ous)					late	6			
Throughout			П		×	Pipe Ins	sulat	ion		2,000 LF					П			
Basement						Boiler I		West of the second										
Office						VAT			4 SF									
			П		17.1													
Name of Registered Was	te Hauler		_		JDEP \	Naste Vaste	Cub	ic Yards of	Name of Rec	istered Land	fill			П				
Century Waste, LLO		artino	1	1.00	auler II	O No.	Was	ste	GROWS No	rth Landfill/	Fairless		Ifill /					
City, State			•		32797	/ / 0283	A:	s Needed oosal Date		Central Sanitary Landfill								
Elizabeth, NJ / New	ark, NJ / Ga	rfield	I. N.I					osal Date BD		City, State								
Completed By (Print or Ty		Title					'	340,000	Morrisville, PA / Pen Argyl, PA									
Allen Monchik	160)			Man	nar			Signature	701 1	./	Da		20					
7 mon monority	Project Manager						Allen Monchik 71					7/12/19						