

**BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES**

220 East Ridgewood Ave, Paramus, New Jersey 07652

**REHS MONTHLY REPORT SUMMARY**

**TOWN: Moonachie**

**MONTH/YEAR: March 2022**

**REHS: Schmitt**

#	FOOD ESTABLISHMENTS	#	PUBLIC RECREATIONAL BATHING
	COVID-19 Complaints		
	COVID-19 Compliance Assistance/Activities		<b>SEASONAL FACILITIES</b>
	Plan reviews (unduplicated)		Pre-Operational Inspections
	Pre-Op Inspections (unduplicated)		Routine Chapter IX
	Non-Routine Investigations (complaints, emergencies etc.)		Reinspections
	N-R Investigations from Foodborne Outbreak		Non-routine, emergency, complaint-related
	Non-Routine Inspections (Ch. 24 performed)		Total number licensed in reporting year
	N-R Inspections from Foodborne Outbreak		<b>CLOSURES:</b>
	Enforcement Actions		Swimming / Wading Pool
	<b>CHAPTER 24</b>		Hot Tub / Spa
	Site Inspections (BOH use only)		Spray Park
	Risk 1		Aquatic Recreational Facility
3	Risk 2		Bathing Beach
10	Risk 3		<b>YEAR-ROUND FACILITIES</b>
	Risk 4		Pre-Operational Inspections
	Specialized Processes overseen		Routine Chapter IX
1	Mobile Vendors		Reinspections
	Temporary Events		Non-routine, emergency, complaint-related
	<b>REINSPECTIONS</b> (Conditional/Unsatisfactory only)		Total number licensed in reporting year
	Risk 1		<b>CLOSURES</b>
	Risk 2		Swimming / Wading Pool
	Risk 3		Hot Tub / Spa
	Risk 4		Spray Park
	Mobile Vendors		Aquatic Recreational Facility
	Temporary Events		Bathing Beach
	<b># OF LICENSED ESTABLISHMENTS (year)</b>		
	Risk 1		Sanitary Survey conducted – Bathing Beach
	Risk 2		COVID-19 Compliance Assistance/Activities
	Risk 3		COVID-19 Complaints
	Risk 4	<b>#</b>	<b>TANNING FACILITIES</b>
	Mobile		Pre-Operational Inspections
	Temporary		Routine Inspections
<b>#</b>	<b>COMPLAINTS, INQUIRIES, ISSUES</b>		Reinspections
	Number of contacts (inquiries, issues...)		Complaint, emergency, non-routine
	Complaint Investigations (unduplicated)		Enforcement Actions
	Enforcement Actions		Unregistered facilities identified

**BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES**

220 East Ridgewood Ave, Paramus, New Jersey 07652

**REHS MONTHLY REPORT SUMMARY**

**TOWN:**

**MONTH/YEAR:**

**REHS:**

#	ANIMAL BITES AND RABIES CONTROL	#	BODY ART, TATTOO, PERMANENT COSMETICS
	<b>ANIMAL BITES</b>		Pre-Operational Inspections
1	Animal to Human Bites		Routine Inspections
	Rabid/Suspect-Rabid to Domestic Animal Bites		Reinspections
	Confined Unimmunized Domestic Animals		Complaint, emergency, non-routine inspections
			Unlicensed body art operations identified
	<b>KENNELS, PET SHOPS, SHELTERS/POUNDS</b>		Infections/Injuries reported
	<b>KENNELS</b>		Total number licensed (reporting year)
	Pre-Operational Inspections		
	Routine Inspections	#	<b>YOUTH CAMPS</b>
	Reinspections		Pre-Operational Inspections
	Complaint, emergency, non-routine inspections		Routine Inspections
	Total number licensed (reporting year)		Reinspections
	<b>PET SHOPS</b>		Complaint, emergency, non-routine inspections
	Pre-Operational Inspections		Enforcement Actions
	Routine Inspections		Total number licensed (reporting year)
	Reinspections		COVID-19 Compliance Assistance/Activities
	Complaint, emergency, non-routine inspections		COVID-19 Complaints
	Total number licensed (reporting year)	#	<b>CAMPGROUNDS</b>
	<b>SHELTERS/POUNDS</b>		<b>PROPRIETARY</b>
	Pre-Operational Inspections		Pre-Operational Inspections
	Routine Inspections		Routine Inspections
	Reinspections		Reinspections
	Complaint, emergency, non-routine inspections		Complaint, emergency, non-routine inspections
	Total number licensed (reporting year)		Enforcement Actions
			Total number licensed
	<b>RABIES CLINICS</b>		Total number unlicensed facilities identified
	Number of clinics held		<b>PUBLIC</b>
	Animals vaccinated		Pre-Operational Inspections
			Routine Inspections
	<b>ANIMAL LICENSING</b>		Reinspections
	Dogs licensed (reporting year)		Complaint, emergency, non-routine inspections
	Cats licensed (reporting year)		Enforcement Actions
			Total number licensed
	COVID-19 Activities/Inquiries/Complaints		Total number unlicensed facilities identified



# Bergen County Department of Health Services

## Moonachie (a)

Supervisor: Maria Schmitt March 2022

Item	Date	Location	Address	Program	Type	Description	Inspector
1	3/2/2022	moonachie health department	70 moonachie rd.	SAN-Administration	SAN-Administration	Prepared and submitted February monthly report	Maria Schmitt
2	3/3/2022	Paradiso Cafe	250 Moonachie Rd.	SAN-Food Surveillance	Report of Inspection	Chapter 24 inspection - Risk 3 - Satisfactory	Maria Schmitt
3	3/4/2022	Georgie & Tom's	5 Willow st	SAN-Food Surveillance	Report of Inspection	Follow up on legal correspondence re - C / O and Licenses	Maria Schmitt
4	3/7/2022	Mr. Softee	90 Moonachie Ave	SAN-Food Surveillance	Report of Inspection	Chapter 24 inspection - Mobile vendor - Satisfactory	Maria Schmitt
5	3/9/2022	El Tango Argentina Grill	35 Moonachie Rd	SAN-Food Surveillance	Report of Inspection	Chapter 24 inspection - Risk 3 - Satisfactory	Maria Schmitt
6	3/9/2022	Moonachie Civic Center	125 Moonachie Road	SAN-Food Surveillance	Report of Inspection	Chapter 24 inspection - Risk 2 - Satisfactory	Maria Schmitt
7	3/14/2022	moonachie health department	70 moonachie rd.	SAN-Administration	SAN-Administration	Board of health meeting	Maria Schmitt
8	3/15/2022	Piazza Di Pizza	87 Moonachie Rd	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 2 - Satisfactory	Daihana Rivera
9	3/15/2022	Bazarelli's	117 Moonachie Road	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 3 - Conditional (preventing contamination from hands, food protection violations)	Daihana Rivera
10	3/15/2022	In Thyme at Berry Creek	55 Moonachie Ave	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 3 - Satisfactory	Daihana Rivera
11	3/16/2022	In Thyme at Berry Creek	55 Moonachie Ave	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 3 - Satisfactory	Daihana Rivera
12	3/17/2022	The Gray Cliff	122 Moonachie Rd	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 3 - Satisfactory	Daihana Rivera
13	3/18/2022	Robert L Craig School	25 W Park Ave	SAN-Food Surveillance	Report of Inspection	Chapter 24 inspection - Risk 2 - Satisfactory	Maria Schmitt
14	3/18/2022	42 Helen Drive	42 Helen Drive	SAN-Rabies Control	AnimalBite	Animal bite investigation	Maria Schmitt
15	3/21/2022	Foremost Caterers	65 Anderson Avenue	SAN-Food Surveillance	Report of Inspection	Chap 24 Risk 3-Conditional-Control-Physical Facilities	Lisa Nassor
16	3/22/2022	Foremost Caterers	65 Anderson Avenue	SAN-Food Surveillance	Report of Inspection	Reinspection Risk 3-Remains Conditional-Control-Equipment	Lisa Nassor
17	3/23/2022	42 Helen Drive	42 Helen Drive	SAN-Rabies Control	AnimalBite	Follow up	Maria Schmitt
18	3/25/2022	Foremost Caterers	65 Anderson Avenue	SAN-Food Surveillance	Report of Inspection	Reinspection Risk 3-Posted Satisfactory	Lisa Nassor
19	3/28/2022	42 Helen Drive	42 Helen Drive	SAN-Rabies Control	AnimalBite	Released dog from confinement	Maria Schmitt
20	3/29/2022	moonachie health department	70 moonachie rd.	SAN-Administration	SAN-Administration	Office procedure	Maria Schmitt



# Bergen County Department of Health Services

**Moonachie (a)**

**Supervisor: Maria Schmitt    March 2022**

Item	Date	Location	Address	Program	Type	Description	Inspector
21	3/29/2022	Bazzarelli	117 Moonachie Rd	SAN-Food Surveillance	Report of Inspection	Reinspection - Risk 3 - Posted Satisfactory	Daihana Rivera

**BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES**

220 East Ridgewood Ave, Paramus, New Jersey 07652

**REHS MONTHLY REPORT SUMMARY**

**TOWN: Moonachie**

**MONTH/YEAR: April 2022**

**REHS: Schmitt**

#	FOOD ESTABLISHMENTS	#	PUBLIC RECREATIONAL BATHING
	COVID-19 Complaints		
	COVID-19 Compliance Assistance/Activities		<b>SEASONAL FACILITIES</b>
2	Plan reviews (unduplicated)		Pre-Operational Inspections
	Pre-Op Inspections (unduplicated)		Routine Chapter IX
	Non-Routine Investigations (complaints, emergencies etc.)		Reinspections
	N-R Investigations from Foodborne Outbreak		Non-routine, emergency, complaint-related
	Non-Routine Inspections (Ch. 24 performed)		Total number licensed in reporting year
	N-R Inspections from Foodborne Outbreak		<b>CLOSURES:</b>
1	Enforcement Actions		Swimming / Wading Pool
	<b>CHAPTER 24</b>		Hot Tub / Spa
	Site Inspections (BOH use only)		Spray Park
	Risk 1		Aquatic Recreational Facility
2	Risk 2		Bathing Beach
3	Risk 3		<b>YEAR-ROUND FACILITIES</b>
	Risk 4		Pre-Operational Inspections
	Specialized Processes overseen		Routine Chapter IX
1	Mobile Vendors		Reinspections
	Temporary Events		Non-routine, emergency, complaint-related
	<b>REINSPECTIONS</b> (Conditional/Unsatisfactory only)		Total number licensed in reporting year
	Risk 1		<b>CLOSURES</b>
2	Risk 2		Swimming / Wading Pool
3	Risk 3		Hot Tub / Spa
	Risk 4		Spray Park
	Mobile Vendors		Aquatic Recreational Facility
	Temporary Events		Bathing Beach
	<b># OF LICENSED ESTABLISHMENTS</b> (year)		
	Risk 1		Sanitary Survey conducted – Bathing Beach
	Risk 2		COVID-19 Compliance Assistance/Activities
	Risk 3		COVID-19 Complaints
	Risk 4	<b>#</b>	<b>TANNING FACILITIES</b>
	Mobile		Pre-Operational Inspections
	Temporary		Routine Inspections
<b>#</b>	<b>COMPLAINTS, INQUIRIES, ISSUES</b>		Reinspections
	Number of contacts (inquiries, issues...)		Complaint, emergency, non-routine
	Complaint Investigations (unduplicated)		Enforcement Actions
	Enforcement Actions		Unregistered facilities identified

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**REHS:**

#	ANIMAL BITES AND RABIES CONTROL	#	BODY ART, TATTOO, PERMANENT COSMETICS
	<b>ANIMAL BITES</b>		Pre-Operational Inspections
	Animal to Human Bites	1	Routine Inspections
	Rabid/Suspect-Rabid to Domestic Animal Bites		Reinspections
	Confined Unimmunized Domestic Animals		Complaint, emergency, non-routine inspections
			Unlicensed body art operations identified
	<b>KENNELS, PET SHOPS, SHELTERS/POUNDS</b>		Infections/Injuries reported
	<b>KENNELS</b>		Total number licensed (reporting year)
	Pre-Operational Inspections		
	Routine Inspections	#	<b>YOUTH CAMPS</b>
	Reinspections		Pre-Operational Inspections
	Complaint, emergency, non-routine inspections		Routine Inspections
	Total number licensed (reporting year)		Reinspections
	<b>PET SHOPS</b>		Complaint, emergency, non-routine inspections
	Pre-Operational Inspections		Enforcement Actions
	Routine Inspections		Total number licensed (reporting year)
	Reinspections		COVID-19 Compliance Assistance/Activities
	Complaint, emergency, non-routine inspections		COVID-19 Complaints
	Total number licensed (reporting year)	#	<b>CAMPGROUNDS</b>
	<b>SHELTERS/POUNDS</b>		<b>PROPRIETARY</b>
	Pre-Operational Inspections		Pre-Operational Inspections
	Routine Inspections		Routine Inspections
	Reinspections		Reinspections
	Complaint, emergency, non-routine inspections		Complaint, emergency, non-routine inspections
	Total number licensed (reporting year)		Enforcement Actions
			Total number licensed
	<b>RABIES CLINICS</b>		Total number unlicensed facilities identified
	Number of clinics held		<b>PUBLIC</b>
	Animals vaccinated		Pre-Operational Inspections
			Routine Inspections
	<b>ANIMAL LICENSING</b>		Reinspections
	Dogs licensed (reporting year)	1	Complaint, emergency, non-routine inspections
	Cats licensed (reporting year)		Enforcement Actions
			Total number licensed
	COVID-19 Activities/Inquiries/Complaints		Total number unlicensed facilities identified



# Bergen County Department of Health Services

## Moonachie (a)

Supervisor: Maria Schmitt April 2022

Item	Date	Location	Address	Program	Type	Description	Inspector
1	4/1/2022	moonachie health department	70 moonachie rd.	SAN-Administration	SAN-Administration	Prepared and submitted March monthly report	Maria Schmitt
2	4/4/2022	Segovia	150 Moonachie Road	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 3 - Satisfactory	Daihana Rivera
3	4/4/2022	Prova	94 Moonachie Ave	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 3 - Conditional (temperature control violations/good retail practice violations)	Daihana Rivera
4	4/5/2022	Balouch Catering #1	70 Moonachie Road	SAN-Food Surveillance	Report of Inspection	Chapter 24 inspection - Mobile vendor - Satisfactory	Maria Schmitt
5	4/5/2022	Bazarelli's	117 Moonachie Road	SAN-Food Surveillance	Report of Inspection	Reinspection - Risk 3 - Remain Satisfactory	Daihana Rivera
6	4/6/2022	moonachie health department	70 moonachie rd.	SAN-Administration	SAN-Administration	Office procedure	Maria Schmitt
7	4/6/2022	Tinto Coffee	84 Moonachie Road	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 2 - Conditional (food source violations/ temperature control violations)	Daihana Rivera
8	4/6/2022	La Havana 59	110 Moonachie Ave	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 3 - Conditional (food protection violations/good retail practice violations)	Daihana Rivera
9	4/8/2022	61 Joseph Street	61 Joseph Street	SAN-Housing	Complaint	Complaint - plumbing issues- referred to plumbing inspector	Maria Schmitt
10	4/11/2022	Prova	94 Moonachie Ave	SAN-Food Surveillance	Report of Inspection	Reinspection - Risk 3 - Posted Satisfactory	Daihana Rivera
11	4/12/2022	Georgie & Tom's	5 Willow st	SAN-Food Surveillance	Report of Inspection	Chap 24 Risk 3-Satisfactory	Lisa Nassor
12	4/13/2022	La Havana 59	110 Moonachie Ave	SAN-Food Surveillance	Report of Inspection	Reinspection - Risk 3 - Posted Satisfactory	Daihana Rivera
13	4/14/2022	moonachie health department	70 moonachie rd.	SAN-Administration	SAN-Administration	Office procedure	Maria Schmitt
14	4/18/2022	In Thyme Catering truck	55 Moonachie Ave	SAN-Food Surveillance	Chapter 24 Plan Review	Chapter 24 Plan Review - Approved	Daihana Rivera
15	4/20/2022	Tinto Coffee	84 Moonachie Road	SAN-Food Surveillance	Report of Inspection	Reinspection - Risk 2 - Remain Conditional	Daihana Rivera
16	4/25/2022	In Thyme Catering truck	55 Moonachie Ave	SAN-Food Surveillance	Report of Inspection	Chapter 24 - Risk 2 - Satisfactory	Daihana Rivera
17	4/26/2022	Enza"s Beauty Bar	115 Moonachie Road	SAN-Body Art	Application Body Art Permanent	Body art inspection - Permanent makeup - satisfactory	Maria Schmitt
18	4/26/2022	Bella Beauty	115 Moonachie Road	SAN-Body Art	Application Body Art Permanent	Assisted Inspector Maria with Body art inspection - Permanent makeup	Daihana Rivera
19	4/26/2022	Tinto Coffee	84 Moonachie Road	SAN-Food Surveillance	Report of Inspection	Reinspection - Risk 2 - Posted Satisfactory	Daihana Rivera



# Bergen County Department of Health Services

## Moonachie (a)

Supervisor: Maria Schmitt April 2022

Item	Date	Location	Address	Program	Type	Description	Inspector
20	4/27/2022	Georgie & Tom's	5 Willow st	SAN-Food Surveillance	Report of Inspection	Zoom Court-\$200.00 fine for failure to obtain a health license	Lisa Nassor
21	4/29/2022	Georgie & Tom's	5 Willow st	SAN-Food Surveillance	Report of Inspection	Met with QC director on site regarding food safety concerns	Lisa Nassor



# MEMORANDUM



**COUNTY OF BERGEN**  
**DEPARTMENT OF HEALTH SERVICES**  
One Bergen County Plaza – 4<sup>th</sup> Floor  
Hackensack, NJ 07601  
(201) 634-2600

Date:

To:

From:

Subject:  **Statistics**

As per N.J.A.C. Title 8 Chapter 52, Public Health Practice Standards "Each local board of health shall maintain the standards of performance as set forth in this chapter."

The following is a synopsis of the services provided this month. Health Consultation Programs provide assessments, counseling, education and referral to meet the core public health functions and the delivery of the "10 essential public health services" as set forth in N.J.A.C. 8:52-3.2.

**Program:**  **Location:**

New Visits (Health Risk Assessment):	<input type="text" value="4"/>
First Re-visit (First Visit of Calendar Year):	<input type="text" value="3"/>
Revisits (Each Visit Thereafter):	<input type="text" value="0"/>
Total Client Visits (Each Month/Quarter):	<input type="text" value="7"/>
Telephone Contacts (Follow-Ups):	<input type="text" value="0"/>
MailContacts/Postcars (Reminders):	<input type="text" value="0"/>
Referrals (Outside Agencies):	<input type="text" value="0"/>
Referrals Follow-Up (With Clients)	<input type="text" value="0"/>
Discharges:	<input type="text" value="0"/>

**\* Additional Services:**

Reportable Disease (As per N.J.A.C. 8:57) investigation total:

**\* Diseases:**

School Audits (As per N.J.A.C. 8:57 Subchapter 4):	<input type="text" value="1"/>
School Re-Audits:	<input type="text" value="0"/>
School Final Audits:	<input type="text" value="2"/>
Elevated Lead Home Visits:	<input type="text" value="0"/>

Other Events:

\* For public health use only. DATA WITH LESS THAN 5 SHOULD NOT BE RELEASED TO THE PUBLIC WITHOUT ACCOMPANYING INTERPRETATION. Rates calculated from these numbers are statistically unreliable for interpretation. Municipality-level data with value less than five could lead to the identification of individuals and therefore should not be released publicly without accompanying interpretation.

# MEMORANDUM



**COUNTY OF BERGEN**  
**DEPARTMENT OF HEALTH SERVICES**  
One Bergen County Plaza – 4<sup>th</sup> Floor  
Hackensack, NJ 07601  
(201) 634-2600

Date:

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Subject:  **Statistics**

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**Program:**  **Location:**

New Visits (Health Risk Assessment):	<input type="text" value="1"/>
First Re-visit (First Visit of Calendar Year):	<input type="text" value="1"/>
Revisits (Each Visit Thereafter):	<input type="text" value="2"/>
Total Client Visits (Each Month/Quarter):	<input type="text" value="4"/>
Telephone Contacts (Follow-Ups):	<input type="text" value="0"/>
MailContacts/Postcars (Reminders):	<input type="text" value="15"/>
Referrals (Outside Agencies):	<input type="text" value="0"/>
Referrals Follow-Up (With Clients)	<input type="text" value="0"/>
Discharges:	<input type="text" value="0"/>

**\* Additional Services:**

Reportable Disease (As per N.J.A.C. 8:57) investigation total:

**\* Diseases:**

School Audits (As per N.J.A.C. 8:57 Subchapter 4):	<input type="text" value="0"/>
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Other Events:

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OFFICE OF THE BOROUGH CLERK  
**BOROUGH OF MOONACHIE**

70 Moonachie Road Moonachie, New Jersey 07074  
Telephone (201) 641-1813 Fax (201) 641-9542  
Email: [ssanyal@moonachie.us](mailto:ssanyal@moonachie.us)

**SUPRIYA SANYAL**  
Borough Clerk



April 11, 2022

Board of Health  
Borough of Moonachie

RE: Registrar of Vital Statistics Report for  
Months of March, 2022

Marriage Licenses taken and/or issued:	3
Remarriage License taken and/or issued:	0
Certificate of Marriages recorded:	3
Certificate of Remarriages recorded:	0
Civil Union issued:	0
Certificate of Civil Union recorded:	0
Domestic Partnership registered:	0
Births:	3
Death:	1
Fetal Death:	0

Supriya Sanyal  
Registrar

County of Bergen  
 Department of Health Services  
 Animal Control Responses

From: 02-01-22 To: 02-28-22

Town: Moonachie

Date	SR#	Address	Nature of Call	Additional Info	Symptom	Disposition	Ticket #	ACO(s)	Comment
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Species: Patrols

Total Patrols: 0

Species: Bird

02-23-22	323832	26 HELEN DR	Abandoned	Mike Sauer (973) 464-9586 of BC Superior Court on scene. Resident evicted. Animal in building. Get information on evicted party and set animals up as Emergency Boarding.	Eviction	Impounded	18136	1352	
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Sub-Total Bird: 1

Town Totals: 1

**RECEIVED**  
 APR 1 - 2022  
 BORO OF MOONACHIE

**CAPITAL ENVIRONMENTAL GEOLOGY, PLLC  
40 REDFIELD PARK  
CLIFTON PARK, NEW YORK**

8 March 2022

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
New Jersey Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, New Jersey 08625-0420

**RECEIVED**  
MAR 22 2022  
**BORO OF MOONACHIE**

RE: RAP – Soil Biennial Certification Submittal  
President Container Facility – Moonachie, NJ  
PI #013804  
CES Project No.: 20-05-1

Dear Sir or Madam:

On behalf of President Container, Inc. (PCI), and James P. Mack (LSRP), Capital Environmental Geology, PLLC (CEG) is submitting this Remedial Action Permit – Soil Biennial Certification package. Enclosed, please find the following documents:

- Remedial Action Protectiveness/Biennial Certification Form – Soil;
- Remediation and Cost Review RFS/FA Form;
- Three AOC Inspection Forms;
- Financial Assurance documentation from TD Bank; and
- Other documentation required by the Remedial Action Protectiveness/Biennial Certification Form – Soil and Remediation and Cost Review RFS/FA Form.

The above-listed documents are also on the enclosed CD, as required. Please feel free to contact me if you have questions or concerns.

Sincerely,  
CAPITAL ENVIRONMENTAL GEOLOGY, PLLC



Scott K. Bryant, PG  
President

*on file*



10 Park Place | Bldg 1A, Suite 504  
Butler, NJ 07405  
Ph.: 973.334.0003 Fax: 973.334.0928  
www.firstenvironment.com

Via Electronic Mail

April 28, 2022

New Jersey Department of Environmental Protection  
Bureau of Case Assignment and Initial Notice  
Site Remediation Program  
401-05H  
P.O. Box 420  
Trenton, NJ 08625-0420

**RECEIVED**  
MAY - 5 2022  
BORO OF MOONACHIE

Re: Biennial Certification Report  
146 West Commercial Avenue, Inc.  
146 West Commercial Avenue  
Moonachie, Bergen County, New Jersey  
NJDEP PI No. G000015829  
Soil Remedial Action Permit No. RAP140001

To Whom It May Concern:

Attached please find one hard copy of the executed Remedial Action Protectiveness/  
Biennial Certification Form completed for the above-referenced property. In addition, a  
Remedial Action Permit Site Information Contact Change Form is also attached.

Please do not hesitate to contact me at (973) 334-0003 or [kmc@firstenvironment.com](mailto:kmc@firstenvironment.com) if you  
have any questions or concerns.

Regards,

FIRST ENVIRONMENT, INC.

Kenneth M. Cwieka, LSRP  
Senior Scientist

Encls.

cc: Mr. Frank Idone – 146 West Commercial Avenue, Inc.  
Moonachie Borough Clerk  
Moonachie Borough Health Department  
Bergen County Clerk  
Bergen County Department of Health Services



**New Jersey Department of Environmental Protection**  
 Site Remediation and Waste Management Program

**SOIL REMEDIAL ACTION PROTECTIVENESS/  
 BIENNIAL CERTIFICATION FORM**

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: Meadowlands Bindery, Inc.  
 List all AKAs: 146 West Commercial Avenue  
 Street Address: 146 West Commercial Avenue  
 Municipality: Moonachie (Township, Borough or City)  
 County: Bergen Zip Code: 07074  
 Program Interest (PI) Number(s): G000015829  
 Soil Remedial Action Permit (RAP) Number: RAP140001

**SECTION B. FEES**

- Soil Remedial Action Protectiveness/Biennial Certification Form for a Soil RAP ..... (No Fee)  
 Have all outstanding Soil RAP annual fees been paid?.....  Yes  No
- Post-NFA Cases (Sites without a Soil RAP): Soil Remedial Action Protectiveness/Biennial Certification Form:

**Note:** A Soil RAP Initial Application is required to be submitted with this form. Please see the Compliance Notice: Post-NFA cases requiring remedial action permits, which includes the fee breakdown:  
[https://www.nj.gov/dep/srp/enforcement/post\\_nfa\\_compliance\\_notice.pdf](https://www.nj.gov/dep/srp/enforcement/post_nfa_compliance_notice.pdf).

	<b>Effective on or Before June 30, 2021</b>	<b>Effective July 1, 2021</b>
	\$4,470	\$5,130

**SECTION C. FEE BILLING CONTACT PERSON**

Changed Since Last Submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form  
 Date of RAP Contact Information Change Form Submission: 04/27/2022

Business Name: Meadowlands Bindery, Inc.  
 First Name of Contact: Frank Last Name of Contact: Idone  
 Title: President  
 Phone Number: (201) 935-6161 Ext.: \_\_\_\_\_ Fax: (201) 935-9014  
 Mailing Address: 146 West Commercial Avenue  
 Municipality: Moonachie State: NJ Zip Code: 07074  
 Email Address: frank@mbibindery.com

**SECTION D. PERSON(S) RESPONSIBLE FOR CONDUCTING THE REMEDIATION**

1. Has the mailing address changed for the Person Responsible for Conducting the Remediation that is currently listed on the Soil RAP for the site?.....  Yes  No  
 If "Yes", provide the date of the Soil RAP Modification Application submission:..... \_\_\_\_\_
2. Has the Contact Person/Information changed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form?.....  Yes  No  
 If "Yes", provide the date of the RAP Contact Information Change Form submission:..... 04/27/2022

**SECTION E. CURRENT OWNER(S) OF THE SITE**

- 1. Has the Property Owner changed from what is currently listed on the Soil RAP for the site?.....  Yes  No  
If "Yes", provide the date of the RAP Transfer/Change of Property Ownership Application submission: .....
- 2. Has the mailing address changed for the Property Owner that is currently listed on the Soil RAP for the site?.....  Yes  No  
If "Yes", provide the date of the Soil RAP Modification Application submission: .....
- 3. Has the Contact Person/Information changed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form? .....  Yes  No  
If "Yes", provide the date of the RAP Contact Information Change Form submission:..... 04/27/2022

**SECTION F. ATTACHED DOCUMENTS**

Attach electronic copies of the following documents in an email to [srp\\_submissions@dep.nj.gov](mailto:srp_submissions@dep.nj.gov)\*: (Check all that apply)

\*See instructions for how to handle submissions associated with a Post-NFA Case.

- The Soil Remedial Action Protectiveness/Biennial Certification Form using the current form on the NJDEP Website (Required).
- All inspection reports/logs that have been completed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form (Required).
- A contaminant concentration table that compares Soil Remediation Standard changes and order of magnitude analysis associated with the Soil RAP (Required).
- The Contaminants of Emerging Concern (CECs) evaluation completed associated with the Soil RAP (Required).
- A current Tax Map of the property if the block and lot has changed since the Deed Notice was filed, if applicable.
- The completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable.
- The homeowner or condominium association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) associated with the Soil RAP, if applicable.
- The annual statements confirming the value of the Financial Assurance Instrument, if applicable.

**SECTION G. DEED NOTICE/DECLARATION OF ENVIRONMENTAL RESTRICTION (DER)/NOTICE IN-LIEU OF DEED NOTICE INFORMATION**

- 1. Provide the filing date of the current Deed Notice/DER or the issuance of the Notice In-Lieu of DN: 02/27/2003
- 2. For the current Deed Notice/DER, provide the Book and Page numbers in which the Deed Notice/DER was filed at the county recording office:  
Book and Page Numbers: Book 08618, Pages 573 to 602
- 3. Since the Deed Notice/DER was filed, did the Municipal Block and Lot number(s) of the Deed Notice/DER change?.....  Yes  No  
If "Yes", attach a current Tax Map of the property and list the former and new Municipal Block and Lot numbers of the Deed Notice/DER below:  
Former Municipal Block and Lot Number(s): \_\_\_\_\_  
New Municipal Block and Lot Number(s): \_\_\_\_\_
- 4. Did you provide copies of this form to the municipal and county clerks for each municipality and county in which the site is located; the local, county and regional health department for each municipality and county in which the site is located; each current owner of the site; the Pinelands Commission as applicable; and the Highlands Commission as applicable?.....  Yes  No



**SECTION H. SITE USE, CHANGES, AND DISTURBANCES**

1. Indicate current site use:

- |                                                |                                              |                                                   |                                       |
|------------------------------------------------|----------------------------------------------|---------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Child Care Facility | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Solar Panels |
| <input type="checkbox"/> Residential           | <input type="checkbox"/> Hospital            | <input type="checkbox"/> Vacant                   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Commercial            | <input type="checkbox"/> Landfill            | <input type="checkbox"/> Government Facility      |                                       |
| <input type="checkbox"/> School                | <input type="checkbox"/> Agricultural        | <input type="checkbox"/> Road/Right of Way        |                                       |

2. Has the site use(s) changed since the most recent Deed Notice/DER was filed or the issuance of the Notice In-Lieu of DN that would require the submission of a Soil RAP Modification Application? .....  Yes  No

If "Yes", indicate what the change was and the date of the submission of a Soil RAP Modification Application:

Site Use Change: \_\_\_\_\_

Date of Soil RAP Modification Application Submission: \_\_\_\_\_

**Note:** Pursuant to N.J.A.C. 7:26E- 5.3, a Presumptive or Alternative Remedy is required for Schools, Child Care Centers, and Residences.

3. Have periodic inspections been conducted pursuant to Attachment A of the Soil RAP for the site to determine if disturbances of the remedial action/engineering control(s) have taken place since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form?.....  Yes  No

If "Yes", attach all inspection reports/logs that have been completed since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form.

4. Have disturbances of the remedial action/engineering control(s) taken place since the last submittal of the Soil Remedial Action Protectiveness/Biennial Certification Form?.....  Yes  No

If "Yes", provide the following information:

a) Date of Disturbance: \_\_\_\_\_ Duration of Disturbance: Months \_\_\_\_\_ Days \_\_\_\_\_

Describe the disturbance:

b) Was the remedial action/engineering control(s) restored to the conditions stated in the Deed Notice/DER/Notice In-Lieu of DN? .....  Yes  No

If "No", briefly describe below the reasons why and indicate what measures are being taken to ensure the protectiveness of public health and safety and of the environment:

Approximate Date of Expected Engineering Control(s) Disturbance Repair\*: \_\_\_\_\_

\* Note that the engineering control(s) disturbance should be repaired within 60 days of the disturbance and that a Soil RAP Modification Application is required for any permanent change to the engineering control(s) for the site.

5. Since the Soil RAP was issued, did the comparison conducted pursuant to N.J.A.C. 7:26C-7.8(b)3 require the submission of a Soil RAP Modification Application? .....  Yes  No  
 If "Yes", Provide the date of Soil RAP Modification Application Submission: .....
6. Did the comparison conducted above reveal a change in the Soil Remediation Standards? .....  Yes  No  
 If "Yes", did the Soil Remediation Standards change by an order of magnitude? .....  Yes  No  
 If "Yes", does the change require a modification of the institutional or engineering control? .....  Yes  No  
 If "Yes", provide the date of Soil RAP Modification Application Submission: .....

**Attach** a contaminant concentration table that compares Soil Remediation Standard changes and order of magnitude analysis.

**Contaminants of Emerging Concern (CECs):** The permittee(s) is required to evaluate whether there is the potential that the compounds listed below may have been manufactured, used, handled, stored, disposed or discharged at the AOC(s) associated with the Soil RAP. Evaluation does not mean analysis. Evaluation means using your professional judgement to determine if the compounds are potential contaminants of concern at the AOC(s) associated with the Soil RAP. The evaluation of these compounds should be the same as any other compound. Additional information on CECs can be found at <https://www.nj.gov/dep/srp/emerging-contaminants/>.

7. Is 1,4-dioxane a potential contaminant of concern at the AOC(s) associated with the Soil RAP and does it require further remedial investigation? .....  Yes  No
8. Is perchlorate a potential contaminant of concern at the AOC(s) associated with the Soil RAP and does it require further remedial investigation? .....  Yes  No
9. Are per- and polyfluoroalkyl substances (PFAS), including but not limited to perfluorononanoic acid (PFNA), perfluorooctanoic acid (PFOA), and perfluorooctane sulfonic acid (PFOS) potential contaminants of concern at the AOC(s) associated with the Soil RAP and does it require further remedial investigation? .....  Yes  No
10. Is 1,2,3-trichloropropane (1,2,3-TCP) a potential contaminant of concern at the AOC(s) associated with the Soil RAP and does it require further remedial investigation? .....  Yes  No

**Attach** the results of the required emerging CECs evaluation:

If "Yes" to any of the questions 7 to 10 above, then provide a discussion of how this issue is being addressed:

### SECTION I. VAPOR INTRUSION

1. Are compounds of potential vapor intrusion concern included in the Deed Notice/DER/Notice In-Lieu of DN? .....  Yes  No  
 If "Yes", then complete this section; otherwise proceed to the next section.

2. Based on the most recent soil data available, do any contaminants of concern currently require a vapor intrusion investigation pursuant to N.J.A.C. 7:26E-1.15? .....  Yes  No

If "Yes", attach a table with the vapor intrusion sampling results, a scaled site map indicating the location of all structures investigated for vapor intrusion, and provide a discussion of those results below or provide a written explanation with the reasons for not evaluating the vapor intrusion pathway.

3. Were there any changes in property use for the site or surrounding properties that required a vapor intrusion investigation from this soil contamination?.....  Yes  No

If "Yes", attach a table with the vapor intrusion sampling results, a scaled site map indicating the location of all structures investigated for vapor intrusion, and provide a discussion of those results below or provide a written explanation with the reasons for not evaluating the vapor intrusion pathway:

4. Have any vapor intrusion engineering controls/mitigation systems been installed as a result of this soil contamination? (If a system was installed, but not required for the remediation (i.e., there is not a complete VI pathway requiring the system), check "No") .....  Yes  No

If "Yes", indicate the type of engineering control that was implemented: *(check all that apply)*

Sub-Slab Depressurization System (SSDS)

Active  Passive

Sub-Slab Ventilation System

Soil Vapor Extraction System

Other (specify): \_\_\_\_\_

**Attach** any vapor intrusion sampling results as required from the Vapor Intrusion Monitoring Plan for the permit, including the NJDEP Vapor Intrusion Mitigation Monitoring and Maintenance Checklist. Provide a scaled site map that clearly identifies the building(s) and/or structure(s) with the vapor intrusion engineering control(s)/mitigation system(s) in place (e.g., active or passive), including the address and block and lot of each impacted property.

**Note:** A Soil RAP Modification Application should be submitted if the vapor intrusion engineering controls/mitigation systems is not included in the Soil RAP for the site.

5. Is there soil gas contamination above the Soil Gas Screening Levels beneath any buildings that require long-term monitoring as a result of this soil contamination? .....  Yes  No

If "Yes", attach any vapor intrusion sampling results as required from the Vapor Intrusion Long-Term Monitoring Plan for the permit.

**Note:** A Soil RAP Modification Application should be submitted if the Vapor Intrusion Long-Term Monitoring Plan is not included in the Soil RAP for the site.

6. Are there any buildings with an Indeterminate Vapor Intrusion Pathway status as a result of this soil contamination? .....  Yes  No  
 If "Yes", has an annual inspection been completed to determine the change in use? .....  Yes  No

**Attach** a summary of the inspection and a scale site map clearly identifying the buildings with Indeterminate Vapor Intrusion Pathway status, including the address and block/lot of each building.

**Note:** A Soil RAP Modification Application should be submitted if the Indeterminate Vapor Intrusion Pathway status is not included in the Soil RAP for the site.

**SECTION J. FINANCIAL ASSURANCE**

1. Does the Soil RAP/Deed Notice/DER/Notice In-Lieu of DN include an engineering control? .....  Yes  No  
 If "No", proceed to the next section.
2. Is Financial Assurance required for the site? .....  Yes  No  
 If "Yes", attach a completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate.
3. If the Financial Assurance Instrument is a Line of Credit, Remediation Trust Fund, Surety Bond, or Environmental Insurance Policy, have annual statements confirming the value of the Financial Assurance Instrument been submitted pursuant to the permit schedule? .....  Yes  No  
 If "No", attach the annual statements confirming the value of the Financial Assurance Instrument.
4. If the current owner of the site is either a homeowner association or a condominium association, have copies of the annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site been submitted pursuant to the permit schedule? .....  Yes  No  
 If "No", attach copies of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site.

**SECTION K. OTHER INFORMATION PROVIDED**

List any other pertinent information to support the Soil Remedial Action Protectiveness/Biennial Certification Form. This section should include a discussion of any new information or soil data as it relates to the protectiveness of the soil remedial action for the site.

**SECTION L. PERSON WITH PRIMARY RESPONSIBILITY FOR PERMIT COMPLIANCE/PERSON RESPONSIBLE FOR MONITORING THE PROTECTIVENESS OF THE REMEDIAL ACTION INFORMATION AND CERTIFICATION**

Affiliation/Name of Organization: 146 West Commercial Avenue, Inc.

Representative First Name: Frank Representative Last Name: Idone

Title: President

Phone Number: (201) 935-6161 Ext: \_\_\_\_\_ Fax: (201) 935-9014

Mailling Address: 146 West Commercial Avenue

Municipality: Moonachie State: NJ Zip Code: 07074

Email Address: frank@mbibindery.com

Relationship to the Site (check all that apply)

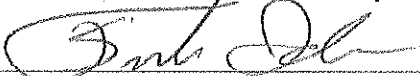
- I am the Person Responsible for Conducting Remediation
- I am the current Owner
- I am the current Operator
- I am the current Lessee

This certification shall be signed by the person responsible for submitting the Soil Remedial Action Protectiveness/Biennial Certification Form in accordance with the Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

*I also understand that engineering and institutional controls must be evaluated and maintained to ensure they remain protective of public health and safety and the environment.*

*Based upon the information provided herein, I hereby certify that the remedial action(s) implemented at the site that includes engineering and/or institutional controls remains protective of public health and safety and the environment.*

Signature:  Date: 4/26/22

Name/Title: Frank Idone/President

Completed forms should be emailed to [srp\\_submissions@dep.nj.gov](mailto:srp_submissions@dep.nj.gov)\*

\*All Soil Remedial Action Protectiveness/Biennial Certification forms associated with a Post-NFA Case must continue to be submitted on a CD by mail with the accompanying fee to the following address:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

**SECTION M. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**

LSRP ID Number: 746674

First Name: Kenneth

Last Name: Cwieka

Phone Numbers: (973) 334-0003

Ext.: 213

Fax: (973) 334-0928

Mailing Address: 10 Park Place - Building 1A - Suite 504

Municipality: Butler

State: NJ

Zip Code: 07405

Email Address: kmc@firstenvironment.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

- (1) I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.
- (2) I certify:
- That I have read this submission and all attachments to this submission;
  - That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;
  - That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;
  - That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26j; and
  - That the information contained in this submission and all attachments to this submission is true, accurate, and complete.
- (3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.
- (4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.
- (5) I certify that I understand and acknowledge that:
- If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a) through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and
  - If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.
- (6) I certify that I have read this certification prior to signing, certifying, and making this submission.

LSRP Signature: 

Date: 04/28/2022

LSRP Name: Kenneth Cwieka, LSRP

Company Name: First Environment, Inc.

**ATTACHMENT 1**

## ATTACHMENT 1 Biennial Certification Inspection Log

Re: Deed Notice Inspection Log  
146 West Commercial Avenue, Inc.  
146 West Commercial Avenue  
Moonachie, New Jersey 07074  
NJDEP PI # G000015829  
RAP # 140001

The Deed Notice area was inspected by First Environment, Inc. (First Environment) on April 14, 2022. The weather was sunny with a temperature of 65°F. During the inspection it was noted that the property has not been altered in any way since the last inspection conducted by First Environment on April 22, 2020.

The building slab, the concrete pavement, the asphalt pavement, and lawn areas are present above the Deed Notice area and serve as the approved engineering control.

First Environment observed some minor cracks and depressions present in the older asphalt pavement and minor depressions in the lawn areas. However, we did not observe any areas of the Deed Notice where the subsurface soil was exposed and as such it remains protective.



**ATTACHMENT 2**



**Soil Remediation Standard Changes and Order of Magnitude Analysis**  
**Meadowlands Bindery, Inc.**  
**146 West Commercial Avenue**  
**Moonachie, New Jersey**  
**NJDEP PI No. G000015829**

	NJDEP Residential Direct Contact SRS September 2017	NJDEP Residential Ingestion-Dermal SRS May 2021	NJDEP Residential Inhalation SRS May 2021	NJDEP Non-Residential Direct Contact SRS September 2017	NJDEP Non-Residential Ingestion-Dermal SRS May 2021	NJDEP Non-Residential Inhalation SRS May 2021	NJDEP Default Impact to Ground Water Soil Screening Level September 2017	NJDEP Migration to Ground Water SRS May 2021	Order of Magnitude Evaluation Required?
<b>Contaminant of Concern</b>	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	
<b>Petroleum Hydrocarbons</b>									
TPHC	5100	5300	NS	54000	75000	NS	NS	NS	NO

Notes:  
 ppm - parts per million  
 NS - No Standard  
 SRS - Soil Remediation Standard  
 TPHC - Total Petroleum Hydrocarbons

**ATTACHMENT 3**

### ATTACHMENT 3

## Contaminants of Emerging Concern Evaluation

Meadowlands Bindery, Inc.  
146 West Commercial Avenue  
Moonachie (Bergen County), New Jersey  
PI No. G000015829  
Remedial Action Permit No. RAP140001

As required by the Remedial Action Protectiveness Biennial Certification process, an evaluation of contaminants of emerging concern was performed and is outlined below.

- **1,4-Dioxane** - According to the NJDEP website: "1,4-dioxane is a synthetic chemical used as a solvent in products such as adhesives, resins, oils and waxes and wood pulping, and was formerly used as a stabilizer for chlorinated organic solvents" (<https://www.nj.gov/dep/14-dioxane/>). According to the United States Environmental Protection Agency (USEPA), "historically, the main use (90 percent) of 1,4-dioxane was as a stabilizer of chlorinated solvents such as 1,1,1-trichloroethane (TCA) (ATSDR 2012)". Based on a review of the prior reports and records, the use and/or storage of 1,4-dioxane was not identified. Based on this evaluation, 1,4-dioxane is not a potential contaminant of concern associated with the Site.
- **Perchlorate** - According to the NJDEP website: "Perchlorate is a naturally occurring inorganic chemical compound that can also be manufactured. One source of perchlorate is found as naturally occurring deposits in Chile that are mined and used as fertilizer in the United States. Much of the perchlorate manufactured in the United States is used as the primary ingredient in solid rocket propellant. Perchlorate is also used in a wide variety of industrial processes and fireworks, matches, lubricating oils and air bags" ([https://www.state.nj.us/dep/watersupply/pw\\_perch.html](https://www.state.nj.us/dep/watersupply/pw_perch.html)). Based on a review of the prior reports and records, the use and/or storage of perchlorate was not identified. Based on this evaluation, perchlorate is not a potential contaminant of concern associated with the Site.
- **PFAS** - According to the NJDEP website: "Per- and polyfluoroalkyl substances (PFAS) have been used in a wide variety of industrial and commercial processes and products, including, but not limited to, electroplating and metal finishing (e.g., chromium plating), vapor/mist suppression, stain repellants, electronics, aerospace, automotive, insecticide/herbicides, adhesives/varnish/paints, as well as coatings for textiles (fabrics, upholstery, and carpeting) and paper." (<https://www.nj.gov/dep/srp/emerging-contaminants/>). Based on a review of the prior reports and records, the use and/or storage of PFAS was not identified. Based on this evaluation, PFAS is not a potential contaminant of concern associated with the Site.
- **1,2,3-Trichloropropane (TCP)** - According to the NJDEP website: "1,2,3-Trichloropropane (TCP) is a man-made chemical commonly used as an industrial solvent (for oil, fats, waxes, and resins), a degreasing agent, a paint and varnish remover, and to manufacture other chemicals." ([https://www.nj.gov/health/ceohs/documents/dwf\\_tcp.pdf](https://www.nj.gov/health/ceohs/documents/dwf_tcp.pdf)). Based on a review of the prior reports and records, the use and/or storage of TCP was not identified. Based on this evaluation, TCP is not a potential contaminant of concern associated with the Site.



**New Jersey Department of Environmental Protection**  
 Site Remediation and Waste Management Program

**REMEDIAL ACTION PERMIT CONTACT INFORMATION  
 CHANGE FORM**

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: Meadowlands Bindery, Inc.

List All AKAs: \_\_\_\_\_

Street Address: 146 West Commercial Avenue

Municipality: Moonachie (Township Borough or City)

County: Bergen Zip Code: 07074

Program Interest (PI) Number(s): G000015829

Remedial Action Permit Number(s): RAP140001

Municipal Block(s) and Lot(s) of the entire site: Block 59, Lot 1.01

Is this site a Federal case? .....  Yes  No

If "Yes," indicate the Federal Case Type:

- RCRA GPRA 2020     CERCLA/NPL     USDOD     USDOE  
 Other (explain): \_\_\_\_\_

**SECTION B. REMEDIAL ACTION PERMIT CONTACT INFORMATION CHANGE**

Check off the reason(s) for the Remedial Action Permit (RAP) contact information change(s):

- Fee Billing Contact Person/Information Change  
 (Complete Sections A, B, C, G, H, I, J and K) ..... **NO FEE**
- Person Responsible for Conducting the Remediation Contact Information Change  
 (Complete Sections A, B, D, G, H, I, J, and K) ..... **NO FEE**
- Property Owner Contact Information Change  
 (Complete Sections A, B, E, G, H, I, J, and K) ..... **NO FEE**
- Co-Permittee designated with Primary Responsibility for Permit Compliance Change  
 (Complete Sections A, B, F, G, H, I, J, and K) ..... **NO FEE**

**SECTION C. FEE BILLING CONTACT PERSON INFORMATION CHANGE**

Name of Organization / Affiliation: 146 West Commercial Avenue, Inc.

First Name of Contact: Frank Last Name of Contact: Idone

Mailing Address: 146 West Commercial Avenue

City: Moonachie State: NJ Zip Code: 07074

Email Address: frank@mbibindery.com

Telephone Number: (201) 935-6161 Ext.: \_\_\_\_\_ FAX: (201) 935-9014

**SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION CONTACT INFORMATION CHANGE**

**Note:** To make changes in the address of the Person Responsible for Conducting the Remediation you must submit a Remedial Action Permit (RAP) Modification Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the RAP. The name of the organization/affiliation for the Person Responsible for Conducting the Remediation that is currently identified on a permit can only be changed/modified if the responsible entity no longer exists and documentation is submitted; this situation would also require the submission a RAP Modification Application to modify the RAP.

Name of the Organization/Affiliation for the Person Responsible for Conducting the Remediation whose contact information is changing: 146 West Commercial Avenue, Inc.

Name of New Contact: Frank Idone

Email Address: frank@mbibindery.com

Telephone Number: (201) 935-6161 Ext.: \_\_\_\_\_ FAX: (201) 935-9014

**SECTION E. PROPERTY OWNER CONTACT INFORMATION CHANGE**

*(Complete this section only if you are updating the contact information for the Property Owner)*

**Note:** To make changes in the address of the Property Owner you must submit a RAP Modification Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the RAP. The name of the organization/affiliation for the Property Owner that is currently identified on the RAP cannot be changed without completing a RAP Transfer/Change of Ownership Application.

Name of the Organization/Affiliation for the Property Owner whose contact information is changing: \_\_\_\_\_

Name of New Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

**SECTION F. CO-PERMITTEE DESIGNATED WITH PRIMARY RESPONSIBILITY FOR PERMIT COMPLIANCE CHANGE**

Only check off one of the following selections:

- Person Responsible for Conducting the Remediation is now designated with Primary Responsibility for Permit Compliance.
- Property Owner is now designated with Primary Responsibility for Permit Compliance.

**SECTION G. ATTACHED DOCUMENT**

Attach a hard copy **and** electronic copy in Adobe PDF file format on a compact disc (CD) of the RAP Contact Information Change Form using the current form on the NJDEP Website.

**SECTION H. OTHER INFORMATION PROVIDED**

List any other pertinent information to support the RAP Transfer/Change of Property Ownership Application.

**SECTION I. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible for Conducting the Remediation:

146 West Commercial Avenue, Inc.

Representative First Name: Frank

Representative Last Name: Idone

Title: President

Phone Number: (201) 935-6161

Ext: \_\_\_\_\_

Fax: (201) 935-9014

Mailing Address: 146 West Commercial Avenue

City/Town: Moonachie

State: NJ

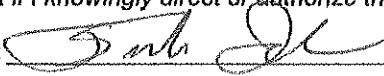
Zip Code: 07074

Email Address: frank@mbibinery.com

This certification shall be signed by the Person Responsible for Conducting the Remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

4/26/22

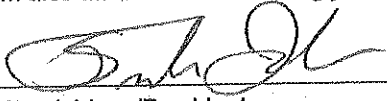
Name/Title: Frank Idone/President

**SECTION J. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION**

Full Legal Name of the Person who owns the site: 146 West Commercial Avenue, Inc.  
Representative First Name: Frank Representative Last Name: Idone  
Title: President  
Phone Number: (201) 935-6161 Ext: \_\_\_\_\_ Fax: (201) 935-9014  
Mailing Address: 146 West Commercial Avenue  
City/Town: Moonachie State: NJ Zip Code: 07074  
Email Address: frank@mbibinery.com

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I have received a copy of the Remedial Action Permit and have been made aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature:  Date: 4/26/22  
Name/Title: Frank Idone/President

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation and Waste Management Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420



**SECTION K. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**

LSRP ID Number: 746674

First Name: Kenneth Last Name: Cwieka

Phone Numbers: (973) 334-0003 Ext.: 213 Fax: (973) 334-0928

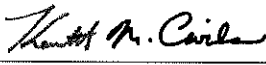
Mailing Address: 10 Park Place - Building 1A - Suite 504

Municipality: Butler State: NJ Zip Code: 07405

Email Address: kmc@firstenvironment.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

- (1) I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.
- (2) I certify:
- That I have read this submission and all attachments to this submission;
  - That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;
  - That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;
  - That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26l; and
  - That the information contained in this submission and all attachments to this submission is true, accurate, and complete.
- (3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.
- (4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.
- (5) I certify that I understand and acknowledge that:
- If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a) through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and
  - If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.
- (6) I certify that I have read this certification prior to signing, certifying, and making this submission.

LSRP Signature: 

Date: 04/28/2022

LSRP Name: Kenneth Cwieka, LSRP

Company Name: First Environment, Inc.

## ADDENDUM A

### Additional Persons Responsible For Conducting Remediation

#### ADDENDUM TO SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION CONTACT INFORMATION CHANGE

**Note:** To make changes in the address of the Person Responsible for Conducting the Remediation you must submit a Remedial Action Permit (RAP) Modification Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the RAP. The name of the organization/affiliation for the Person Responsible for Conducting the Remediation that is currently identified on a permit can only be changed/modified if the responsible entity no longer exists and documentation is submitted; this situation would also require the submission a RAP Modification Application to modify the RAP.

Name of the Organization/Affiliation for the Person Responsible for Conducting the Remediation whose contact information is changing: \_\_\_\_\_

Name of New Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

#### ADDENDUM TO SECTION I. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

**ADDENDUM B**  
**Additional Property Owners**

**ADDENDUM TO SECTION E. PROPERTY OWNER CONTACT INFORMATION CHANGE**

*(Complete this section only if you are updating the contact information for the Property Owner)*

**Note:** To make changes in the address of the Property Owner you must submit a RAP Modification Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the RAP. The name of the organization/affiliation for the Property Owner that is currently identified on the RAP cannot be changed without completing a RAP Transfer/Change of Ownership Application.

Name of the Organization/Affiliation for the Property Owner whose contact information is changing: \_\_\_\_\_

Name of New Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

**ADDENDUM TO SECTION J. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION**

Full Legal Name of the Person who owns the site: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I have received a copy of the Remedial Action Permit and have been made aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_