

PAID

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 1020

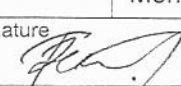
Date of Notification (1) 12 / 05 / 18		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION		Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936		Name of Contact HASSAN NEKOU		Telephone Number 862-778-8799	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) NOVARTIS				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)							
Street Address 1 HEALTH PLAZA				City (5) EAST HANOVER				County (6) MORRIS		County Code (7)	
				Square Feet 100,000		# Of Floors 2		Building Age			
				Current Use (Prior if being demolished) OFFICE							
Name of Monitoring Firm HILLMANN ENVIRONMENTAL				Hired by Bldg. Owner (8) AL		ASCM NO		Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC			
Street Address 1600 Route 22 East				Street Address 32 Williams Parkway							
City, State, Zip Code Union, NJ 07038-1597				City, State, Zip Code East Hanover, NJ 07936							
Project Mngr. For Monitoring Firm MIKE NEHLSEN				Telephone Number 908-688-7800		Telephone Number 973-884-8682		License Number 00860			
Scheduled Start Date (10) 12 / 15 / 18				Sched. Completion Date (11) 12 / 16 / 18							
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30PM SAT				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC		Street Address 32 Williams Parkway		City, State, Zip Code East Hanover, NJ 07936			
Scope of Work (Check All that Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 sf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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 R E M O V A L R E P A I R E N C A P S U L		E N C L O S U R	
BLDG 200, 1ST FL BOOTH		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VAT / MASTIC		60 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill IESI		City, State BETHLAHEM, PA			
City, State NEWARK, NJ		Disposal Date									
Completed by (Print or Type) STEVEN STILES				Title PROJECT MANAGER		Signature <i>Steven Stiles</i>		Date 12/05/18			

CL 006139

PAID

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

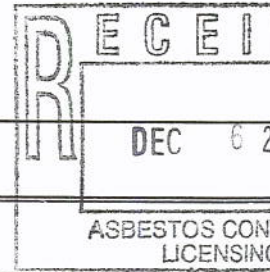
CL # 6139

Date of Notification (1) 12/03/2018		Name of Building Owner/Operator (2) IEC Realty		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 2018 CONTROL & INSPECTION </div>	
Agencies Notified		Street Address 44 Island Container Plaza			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Wyandanch, NY 11798 Name of Contact Gary Berkowitz Telephone Number 631-253-4401			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="text-align: center;">FACILITY INFORMATION</div>			
Name of Facility Where Abatement is Taking Place (3) Island Container Corp.				Type of Facility (4)	
Street Address 575 North Midland Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Saddle Brook, NJ				Square Feet 166,000	
County (6) Bergen				# of Floors 1	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Office / Warehouse	
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environmental Solutions, LLC				Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 1130 West Chestnut St				Street Address 16 Glenwild Ave	
City, State, Zip Code Union, NJ 07083				City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm Rick Eustaquio				Telephone No. 973-928-3995	
Start Date (10) 12/14/2018				License No. 01181	
Scheduled Completion Date (11) 12/24/2018				Name of OSHA Monitor Hazmat Diagnostic LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 16 Glenwild Ave	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Bloomingdale, NJ 07403	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Main Warehouse Area		X		Pipe Insulation 291 LF	
Main Warehouse Area		X		Elbows / Fittings 14 LF	
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD	
City, State Bloomingdale, NJ		Disposal Date TBD		Name of Registered Landfill Fairless Hills Landfill	
Completed by Tatiana Rotaru		Title COO		Signature 	
				Date 12/03/2018	

D&S Proj. #: 18-261

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

PAID

Date of Notification (1)
11/13/18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
Amendment #:
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

dorothy henick

Street Address

City, State, Zip Code

tenafly, nj 07670

Name of Contact

dorothy henick

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

dorothy henick

Street Address

City (5)

tenafly

County (6)

bergen

County Code (7)
(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

12/12/18

Sched. Completion Date (11)

12/24/18

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ ≥ 3 sf or ≥ 3 lf☒ Renovation☐ ≥ 160 sf or ≥ 260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

basement above ceiling

closet inside soffit

corner closet

PIPE INSULATION

70 lf

PIPE INSULATION

10 lf

PIPE INSULATION

2 lf

Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
1 yd

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date

12/13/18

City, State

TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZICTitle
PRESIDENT

Signature

Date

11/30/18

R	E	E
n	n	n
p	c	c
a	a	a
i	p	p
r		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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