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

		NC	TIFIC (Pu	ATIO	N OF AS	New Jersey SBESTOS AB AC 8:60 and 1				Į.	7			71
Date of Notification (1)				Na	me of Build	ding Owner/Opera	alor (2)			28/2 n	~	_		. 6
12-10-12					Name of Building Owner/Operator (2) ULLMAN FAMILY PARTNERSHIP 12 PM Street Address 3900 MILLENIA BLUD. & LICENIA City, State, Zip Code									
Agency Notified Tyl	pe Notification			Str	eel Addres	is	711111	1470	INER	341	P		_	M
MEPA DI	Initial	900			391	00.11.		σ.	€:	學之后	7	\$2.5		
	Amended	*		City	v State Zi	DO MIL	LENIA	DLUI	١,	& 1	10	0	0	OM:
0.000	Amendment #			1						-	10	EA	13	11/2
M	Emergency (inc	cluding			OR	LANDO ,	FL	3283	39	95				MG
	justification)	•		Na	me of Cont	act			ephone Nu	imber		-	_	
Z DCA	Cancellation				THE	MAS BA	100	1						
				F.		FORMATION	DEIC							
Name of Facility Where Abate	ment is Taking	Place	(3)		- COLLITTIN	NOLLWING	_,							
							Type of Fa	cility (4)			-	_		-
+ OR MER =	SIATE	FA	RM	B	VILD	INC.	□ School	(K 12)						
Street Address							☐ Subchar	pler 8 (Oth	er than K-1	121				
1750 R-	r 23						Other (i.	e. private 8	commerce	iz) rial build	tina			
City (5)	1. 40						homes,	elc.)	_ 00	Jai Dulle	ınıç	J S,		
			*			-	Square Fe		Floors	Bld	a 4	Age		
Ounty (6)							100,00	30)	,			200		
ounty (6)				Cou	inty Code (7) (STATE USE			1	1	+	0	+	5
PASSAIC	_			ONL	Y)	, (G.,,, E USE	Current Us			olished)			1503	
ame of Monitoring Firm Hired	by Building C	Whor	1.00	1		1	VAC	LANT	•					
) 17 x 1 1	o, building O	miler	ASC	M No.		Name of Abate	ment Contract	or (9)			-			
PA WEST A	SOCIATES	= /2	4				80, IN							
						Street Address	COLINI	٠٠						
2865 SOUTH EA	GLE RD	# 2	50		173 KARKUS AVE.									
ty, State, Zip Code			_) د_			1/3 K	AKKUS	AV	E.					
NOTOTOLIA	PA . C	01.				City, State, Zip	Code						-	_
NEW TOUN	Firm:	170	Toleri			MOOI	BRIDE		ALT	07	'n	90	_	
				one No)	relephone No.		Licer	ise No.	9	<u>U</u>	1-	<u> </u>	
ROB UZS;			215.	860	.5026	732-7	726-311	1		سرا				
an Date (10)	Scheduled	Compl	etion D	ate (11	1)	Name of OSHA	Monitor		006	12				
						1								
12 · (1 · /2 cupancy Status During Abate	ment (Check o	nly on	e)	_		AS	ABOUL							
	6.00	U.S				Street Address		iii xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			-			
Facility Closed/Vacated Durin Abatement Performed Outside Other - Describe:	g Entire Period e of Normal Fa	of Ab	atemen ours	nt		City, State, Zip	Code							
ope of Work (Check all that ap	ply)				1000000							200		
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf				☐ Rer Ø-Der	novation molition	© Glov	Containment w Enclosure ebag Procedur							
		Τ.			T	Non-	Exempted (°) a	nd Non-Fr	iable Proce	edure				
14		,	s Locat Normal	C 77 (C 7)	1			1			F	bat	eme	ent
Location of			ed Sole			Description of	· f				L		pe	
Asbestos-Containing Materia TO BE ABATED	II (ACM)	Ma	aintenar	nce/	Asbest	os Containing Ma	derial (ACM)		Amo:					
IN Facility		1	Custodi Staff?		(i.e.,	thermal systems	insulation	1	Amount (Specify		D	1.	m	m
(13)			(12)			surfacing, VAT other miscellane	, or		SF or LF)	1	em	19g	de	
SEE ANNEXED	SHEET	Yes	No.	N/A	1	outer miscellane	ous)	1			Removal	Repair	Encapsulate	Enclosure
ROVEHOUT BUILD,			×		BLACK	FLOOR HA	4770	61:			_			
			×		TPANE	Come I live	C		205.F		X			
NDOW SILLS			-		CEL	ITE LINDOW	sices	300			×			
			×		TLUB	BREECHIN	4	250	LIF				7	7
OILEK			×	-	-				Capan	150			- 1	- 1
OILER			X		BOLLER	SASKET ON TW	Baller	84		- 1	_	-	-	-
OLER OILER OILER OILER OI Registered Waste Hauler		101	DEP W	asie na	BOILER C	Cubic Yards of Waste	Name of Regi	84	L.F		2			-
OILER OILER DO Registered Waste Hauler JEWARK CARTIN		101	X. DEP W	asie na	BOILER C	Cubic Yards of	BOILERS	84	L.F		_		1	-
OILER OILER e of Registered Waste Hauler		101	DEP W	asie na	BOLZA (Cubic Yards of Waste	Name of Regi	8 4 Stered Lan	C.F		_	1	1	
OILER OILER e of Registered Waste Hauler LEWARK CARTIN		101	DEP W	asie na	BOLZA (Cubic Yards of Waste	Name of Regi	8 4 Stered Lan	C.F		_	1	1	
OILER DICER TO REgistered Waste Hauler LEWARK CARTIN State MEWARK, N Dieled by	JG / NC	101	DEP W	asie na	Boreza d auler C	Cubic Yards of Vaste WA Disposal Date	Name of Regi GROWS City, State MORRIS	8 4 stered Lan . INC.	C.F		_	1	1	-
OILER OILER e of Registered Waste Hauler LEWARK CARTIN		101	DEP W	asie na	Boreza d auler C	Cubic Yards of Vaste WA Disposal Date	BOILERS	8 4 stered Lan . INC.	C.F		-			

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

Date of Notification (12/5/12	Name of Building Owner/Operator (2) New Jersey School Development Authority.															
Agencies Notified XEPA XDEP	Iype Notification Initial x Amended			11	Address West State			. 8	112 DE	12 DEC 12 PM 3 4 0						
XDOL (Amendment #	#_6 City, State, Zip Code Trenton New Jersey 08625							34E4	Toon.		40				
X DOH DCA	Emergency (incl justification) Cancellation	uding	İ	Name	of Contac	t Dave	Benfer		E to	ESTOS CONTEGOL						
				FA	CILITYIN	FORMAT	ION				-	0				
name of Facility Where Aba Future Site of Paterson Street Address 14-16 22 nd Ave	atement is Taking Pla PS 16	ace (3)			9,2,11111	ORMA	IOI	Type of Facilit School (F Subchap x Other (i.e	(-12) ter 8 (Oth	ner than K-	12)	ildinas	s hon	nes		
City (5) Paterson New Jersey						-		etc.) Square Feet 4500		of Floors	- T	Bldg. 35+				
County (6) Passaic				County Code (7)				Current Use (F National Guard	(Prior if being demolished)							
Name of Monitoring Firm Hi Birdsall Engineering	Monitoring Firm Hired by Building Owner (8) AS		ASC 00140	M No.			of Abatement C Enterprises Inc		r (9)			30.00	11			
Street Address 65 Jackson Drive.		10			2			Address eers St								
City, State, Zip Code Cranford New Jersey		>====================================	99111 11		4 7			r, State, Zip Code port N.J. 07735								
Project Manager for Monitor Mike Krupa	ing Firm			Telepho 08-477-	one No. 6375			one No. 9-1200		License 01095	No.					
Start Date (10) 12/17/12		neduled (17/13	Com	pletion	Date (11)			of OSHA Monito Enterprises Inc	r		193					
Occupancy Status During Alt X Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire Period	d of Aba		ent			City, St	Address 322 E	Beers St					-		
Scope of Work (Check All Th	act Applie						Keypor	t, N.J. 07735								
≥3 sf or ≥3 lf X≥160 sf or ≥260 lf	3.5.5.	Reno						X Full Containn X Mini-Enclosu X Glovebag Pro X Non-Exempto	re ocedure				e			
		Is Lo				V32a							emer	t		
	Asbestos-Containing Material (ACM) TO BE ABATED In Facility		ly by	y		stos Conta thermal s surfac		aterial (ACM) insulation, , or	A (S SF	Remova	Repair	Encapsulate	Enclosure			
	Y	es N	0	N/A									ite	Ф		
windows				Х	wir	ndows	**	72-33	20	20						
flashing				х	flashing	3			750lf		x					
roofing				х	Roofin	g			2500	sf	x		STAR			
siding	*			х	siding	5	5304.11		2500 s	sf	х					
Name of Registered Waste H	auler R&B Debri	s	На	DEP W uler ID SW260	No.	Cubic Y of Waste 20		Name of Minerva		ed Landfill		-				
City, State 5900 Sylon Blvd Hainesport N	v.J. 08036					Disposa 1/10/13-		City, Stat Waynesh		io	1150	***				
Completed by Scott Rubin	Tit Pri	ile oject ma	nag	er		Sig	hature_	1/	334	Da 12	te /5/12			- 3		

Waste Monagement PC Technologies D0CDisposal Date PA MORRISUIlle 12-14-12 12-7-12 President Do not use this form for asbestos Hoonsure exempted activities.

ASB-41

CK# RECENTEDD

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

		(3,1			2:00 ture x may	2012	DEC 12 PM). ~	450-10	de f	1
nate of Notification (1	12-10-12	on and frequent standing services	Name	of Building	Owner/Operator (BUILD	3RS	s 53		·	
Agencies Notified	Type Notification		Street	239	o Riva	R SIDE	TETETALING	791		nga eftired v Jaros Krissin	
LEGA LEGA	Amended		City, S	State, Zip C		T	nx 736	Ø,	0	control (
MOOL.	Amendment#_	cluding	, a , tat	WA	A STREET OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY.	and the state of t	Telephone Numbe	Я	an thin	1	
DOH DCA	justification) Cancellation		Name	of Contac		ung man kadakan di di di manakan periodi di di sebesah kan kan di di di sebesah kan kan di di sebesah kan di d Manakan di	magnic control of the	, or productive of			
organisation and the second of	The state of the s	Contraction of the St.	FA	HAT VINE	ORMATION	produce the second of the seco	:74\				-
Jame of Facility Whe	ere Abatement is Takin	j Place (3)	and the statement of the granters		Type of Facility	2)				
1 FM	and the first the second of the second of	angele and an extension	province transportation	more and the contract the state of the state	,,,,,,,,,, -	Land on M. Landson	 (Other than K-12) inivate & commercia) buildir	ıgs,		
913	LLISUN	AV-	ny * khi many fisit ana sami	e en serviciones establistas.	ender og til general stander stande år standere. Stande stande stande stande år standere standere.	homes, etc.) │ # of Floors		r√λi.	 }	
POINT	010.000.01	·····································	5.442.14.5.2.93			Square Feet	12		8)	
POINT	PIGNISAN.	name a light op to process and the second of			7) (STATE	Current Use (F	nor if being demolis	nea)			
County (6) CA	N			: ONLY)	proposition and the second	hont Contractor (fours	A STATE OF THE PARTY.			
	irm Hired by Building	Owner	ASCN	No.	Name of Abater	ment Contractor (ILON Cal.	1-0	V.L.	and the second of	o color
8)	en andre en la company y ann andre i grand general en appeal from a describe per a ser andre en andre en andre La company de la company i company andre en angre en appeal from a describe en andre en andre en andre en andr	er pel er renn man propriet in drakt A tra i krome her stad, et al. 1. Si kr		an at a state of the state of t	Street Address		5-24		sostri Well	10.57 (6.57 (6.57)	
Street Address					95 Ma	NIROSE	<u>Ru</u>		1,41,414.414.414 1,41,414.414.414		
City, State, Zip Code	egan tagh an gilipathan paraman man maran taga at ga at Ba at ga	A THE RESERVE AND A STATE OF THE PERSON OF T		the way a surprise of the second of the	City, State, Zip	Code Neele A	(07722				
		and the second second second	o an analysis and second of the	A1.	1 T. Lankana Ala		1 LICONSCINO.		anna ar re	Name of the Ass	SHE'S
Project Manager for	Monitoring Firm		Telephone	i No.	1731 294	11757	00020	1			
Start Date (10)		duled Cor		ate (11)	TO A COULT	Manifor		المعادة			
12-16-12	- Comment	-29	LIVERS AND ADDRESS OF	and the supplemental section of the	Street Address	NINTALLA	N CO TA	with the same			
Occupancy Status D	During Abatement (Che	ck only or	ne)		C/C /No	WIRONE (ZII		ning on proceeding of	meetro rai	
Facility Closed/Va	acated During Entire P rmed Outside of Norm	enon of At al Facility I	Datement Hours		the same of the one offering regulated water	Charles .		200			
Other - Describe	7/m -	700	^		Colis	$N_i(L)$	NS 02	(green dr. r . r is rese si	(4.1%)	1717
Scope of Work (Che	eck all that apply)	na na stantana sa			[_] Full Co	ontainment with N	legative Pressure				
[] ≥X st or ≥3 lf			ovalion Iolilion		freeze at	nclosure bag Procedure	service Commonly	W/A			
≥160 st or ≥260	11	[.A Dem	PARIOU		F Non-E	xempled (*) and l	Non-Friable Procedu	1 7	baler	nent	22752
The second server that had server to be because	A STATE OF THE PARTY OF THE PAR		cation mally	8 8		8			Тур		ı
Local	tion of	Used S	Solely by enance/	Aeho	Description stos Containing M	aterial (ACM)	Amount			9	!
Asbestos-Contain	ning Material (ACM) ABATED	Cus	stodial	(i.e	., thermal systems surfacing, VA	s insulation,	(Specify SF or LF)	Remove	Repair	Encapsulate	
IN F	acility 13)		aff? 12)		other miscellan	eous)		ių.	18	60	1
,,	,	Yes	No MI	N I							
					51 DIN	5	1500				
The second secon	and the second section of the sect		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Control of the Contro	A CONTRACTOR OF STATE	and the control of th	an agh a re and an area and a refer to				-
The section of the se	destination of a published of a popular transport of the property of a popular transport of the published of			And the second s	The second second second second second second	A MARTINE TO THE PARTY OF THE P	Service - September - Company - Comp		200 to 110		-
AND THE RESIDENCE OF THE ADMINISTRATION OF THE PERSON	e version de la companya del companya del companya de la companya			Property Services	er bereikende beselvle der bereich	I Mama of Po	gistered Landlill		J	l	1
Name of Registered	l Waste Hauler	gogless cann de de	Hander	P Waste ID No.	Cubic Yards of Waste		OWS				an ort
ALE IN	ISULATION	Cu	1,20	186	Disposal Date	City, State	and the standard and a standard and a second		ή Λ	aprilia di	
City, State	Isile NIT	(12-	772	2	12-21-17	LITU.	LLYTUWN				in i
CoLIS IV	2010 70			CONTRACTOR DESCRIPTION	Signature	la lander	Date 12	-10	-/	2	rae.
2 2/3/2 C	MILL	000	ry)	4/L	1700	45 6160					
THE COURSE SHOULD BE SERVICED TO SERVICE SHOULD SHO	one areas or the second of the second of the second				V						

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

RD0-4186

Date of Notification (1)				Mana	-40-33		· (0)		7.7.0	1		-	_	
12-7-2	012					ng Owner/Operator	(2)	#12 Dra	ho	L				
Agency Notified	Type Notification			Street	Address			15 15 15	PM 2		_	-	_	
O EPA	M Initial			D. DAUBER 2012 DEC 12 PM 3:53										
DEP ZÁDOL	☐ Amended Amendment #		ſ	ENGLEWOOD NJ 0763 ICENSTRAL										
	© Emergency (included)	ling	1	EN	666	4000,1	13 01	63 ILENS	110	Ul.				
EDOH -	justification)		1	Name	or Conta	BER		Telephone Nu	mper	-				
				_	-	FORMATION								
Name of Facility Where	Abatement is Taking P	ace (3)			FORMATION	Type of Facilit	v (4)						
D. DAUBE							☐ School (K-1							
Street Address			_	•			☐ Subchapter	8 (Other than K-1						
70 LYDEC	KER STRE	FI					lu Other (i.e.) homes, etc	orivate & commerci :.)	al buildii	ngs,				
City (5)							Square Feet	Designation of the contract of	Bldg			_		
ENGLEWS	XOD.						3506	3	83	5	R	S		
County (6) BERGEN			T	Count		7) (STATE USE		Prior if being demo	iished)	•				
1001	m Hired by Building Own		ASCM		, 	I Name of the	PESID							
(g)	the by building Off	RC3	noul	NO.		Name of Abatem		• •						
Street Address						Street Address	emoval :	THC			_			
1 1				2			River S	t						
City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·	-			•	City, State, Zip C	Code				_			
							sack, N	.J. 07601						
Project Manager for Mo	nitoring Firm	T	elepho	ne No.		Telephone No.	7111	License No.						
Start Date (10)	. Scheduled C	omple	tion Do	bn /44\		201-329-		00388			C-PSCL2		-	
12-17-12	12-	18-	12	∞ (11 <i>)</i>		Omega En		ntal Inc						
Occupancy Status Durin						Street Address						-	_	
☐ Facility Closed/Vacat	ed During Entire Period	of Aba	lement			280 Huy	ler:St							
Abatement Performed M Other - Describe:	8AM 5PM	ality Ho	urs .			City, State, Zip C				;		2000000		
Scope of Work (Check a				-		South H	ackensa	ck, N.J.	0760	6	_			
Ü(≥3sfor≥3lf	an atme alabah)			J_				h Negative Pressu	re e					
© ≥ 160 sfor ≥ 260 lf	2		A	© Den	ovation notition		Enciosure ebao Procedure		•					
								nd Non-Friable Pro	cedure		h - 4		_	
		0.00	Locati			*				_^	bate Ty	-	m	
. Locati Asbestos-Containir		Use	d Sole	ly by		Description of				Г			Г	
TO BE A	BATED		intenar Justodi			stos Containing Ma ., thermal systems	insulation,	Amount (Specify		Re	R	Enca	Enc	
/ /IN Fa			Staff? (12)	 .		surfacing, VAT		SF or LF)		Removal	Repair	ncapsulate	Enclosure	
	* *	Yes		LAWA						=		ate	0	
KITCHEN		168	No	N/A	alasta		1-To 5	51	15	V	Н	_	-	
	BATH	<u> </u>		X		mmac INSUL		18	LF	-		-	_	
2	OIT III	-	<u> </u>	1	1457	embe insor	HION	10	21-	1		\dashv		
										H		-		
Name of Registered Wa	ste Hauler		DEPW	laste H	auter	Cubic Yards of	Name of Regi	stered Landfill						
Best Remova	1 Inc	100000	No 710	9		3/4 Y0	Mineru	a Enterpr	ises					
City, State		1-	710			Disposal Date	City, State	- Directhr						
	sack, N.J.	076	01			12-18-12	Waynes	burg , Oh						
Completed by	Title					Signature			Date					
R.Veldran	Estim	ato	r			Rullara	n		12-	7-2	20	12	-	

CK# 24984 PECEIVED

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

Date of Notification (1) 12/5/12				П	Name of Building Owner/Operator (2) Paul Casagrande Pig 3: 56										
Agencies Notified Type Notification					Street Address 564 1/2 Monmouth Ave. S 198 COLLEGE										
EPA (DEP CONTROL DOL	☐ Initial ☐ Amende Amendr	nent #	(.	City, S	tate, Zip 0	Code Spring Lake Heights NI 07762								
M DOH □ DCA	Emerge justifica	tion)	luding		Name	of Contac		Telephone Number							
					FAC		ORMATION					is-venili			
Name of Facility Where	Abatement is							Type of Facility	(4)						
		Resid	lence	2				☐ School (K-1)	2) 8 (Other than K-12)					
Street Address	509	9 Old	Mill	Rd.				Other (i.e., p homes, etc.	rivate & commercia	l buil					
City (5)	Spring	Lake	Hei	ohte	NI			Square Feet 1400	# of Floors	B	dg. A	ge O			
County (6)	onmouth	Lake	1101	giito,	Cour	nty Code (7) (STATE		rior if being demolis residence	hed)			_		
Name of Monitoring Firm		ilding Ov	vner	_	ASCM	No.	Name of Abatem	ent Contractor (9				33			
(8)	-		*********	_ .				ens Environi	mental Service	s, Ir	Inc.				
Street Address							Street Address	PO E	30x 322						
City, State, Zip Code							City, State, Zip C		n, NJ 08501						
Project Manager for Mo	nitoring Firm			Tele	phone	No.	Telephone No.		License No.						
							(609) 25		0	049:	3		_		
Start Date (10) 12/11/12		Schedu		omple 2/12/		te (11)	Name of OSHA		ECS				4		
Occupancy Status Durin	ng Abatemen	t (Check	-				Street Address						_		
☐ Facility Closed/Vaca															
Abatement Performe Other - Describe:			-acility	Hour	City, State, Zip Code Crosswicks, NJ 08515										
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)			novati molitio											
				ocatio						Abatement Type					
Location			Used	Solely	y by		Description of			_	1 1		_		
Asbestos-Containing TO BE ABA	TED .	1)	Cu	tenan			tos Containing Mat thermal systems i	nsulation,	Amount (Specify	Remova	Repair	Enca	Encl		
IN Facilit (13)	IN Facility St						surfacing, VAT, other miscellaned	or ous)	SF or LF)	noval	₽.	Encapsulate	Enclosure		
				No	N/A							ate	w		
exterior					×		transite sidi	ng	1100 SF	×					
													_		
							<u> </u>				_	-			
Name of Registered Wa	aste Hauler			IN	JDEP \	 Naste	Cubic Yards	Name of Regi	stered Landfill				-		
					lauler ID	No.	of Waste 2 CU	T	R.R.F., Inc. L	andfill					
City, State				- -	102		Disposal Date	City State			T N				
	llentown,		3501				12/13/12	11//	Tullytown, I	'Α	0		_		
Completed By Mahlon E. St	evens	Title	Pr	oject	t Mar	ager	Signature		Date	12/5	5/12				
		·1 		2,00		75-									

40 check

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60-7 and 12:120-7)

Agencies Notified Type Notification Type Not					(Purs	suant to NJAC 8:60-7 a	nd 12:120-7)		127	F 9	4						
Agencies Nullfied Pype Notification HEALTH PLAZA	Date of Notification (1)					Name of Building O NOVARTIS PHARM	Owner/Operator (2 ACUETICALS CO	RPORATION	i b	See S	أد						
Agencies Notified Sep	12 / 5						Street Address 1 HEALTH PLAZA 21/2 DEC 12 PM 3: 59										
City Sitin Control																	
Capellation	·																
Manne of Contact Part Pa					4	FAST HANOVER, NEW JERSEY 07936											
Name of Facility Where Absternent is Taking Place (3) PETER (EARNIANACPOULOS PACILITY INFORMATION PACILITY	U A TOTAL OF			ation w													
Name of Facility Where Abstrement is Taking Place (3) NOVARTIS - EAST HANOVER Site Address Street Address Str						Name of Contact		Tolanhannaler	her i	110	-						
Name of Facility Where Abatement is Taking Place (3) NOVARTIS -EAST HANOVER Siriest Address Siriest Addre			ICY N	OTIFIC	ATION	PETER GEANNAK	POULOS		901	MU	- 4						
Name of Facility Where Abstement is Taking Place (3) NOVARTIS -EAST HANOVER Street Address HARLTH PLAZA Gity (6) MORRIS Graft EUSE ONLY) Name of Monitoring Firm Hired by Building Owner (8) MORRIS STATE USE ONLY) ASSURING For Book ROCK ROAD CITY Code (7) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY) ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY ASSURE AND FOR BOOK ROCK ROAD CITY STATE USE ONLY ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY COMPANY STATE USE ONLY COMPANY STATE USE ONLY ASSURING FOR BOOK ROCK ROAD CITY STATE USE ONLY COMPANY STATE USE						FACILITY INFORMA	TION					45					
School (K-12) School	Name of Eacility Where Ah	atement is Taki	ng Pla	ce (3)		17-COLLITT IN CITATO		v (4)									
Stoet Address Street Address	Name of Facility Where Ac	atement is raid	ng i iu	(0)													
Street Address 1 HEALTH PLAZA County (8)	NOVADTIC FACT HANOV	=0							K-12)								
Street Address	NOVARTIS -EAST HANOV					*				s., ho	mes,	etc.)					
1-HEALTH PLAZA	Street Address								T				е				
CBY (5) County (6) County (6) County (7) County (7) County (7) County (8) Cou								4				48					
EAST HAOVER MORRIS MARIE Of Monitoring Firm Hired by Building Owner (8) ASCM No. PAR ENVIRONMENTAL CORPORATION Street Address 1600 ROUTE 22 EAST GIV, State, Zip Code UNION, NEW JERSEY 07083 UNION, NEW JERSEY 07083 GIV, State, Zip Code UNION, NEW JERSEY 07083 GOODWARD FROM THE License Number MICHAEL NEHLSEN GOODWARD JAMES TO Completed on Date (11) Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: X Othe	The state of the s	County (6	1			County Code (7)	Current Use (P	rior if being demo	olished	()	-	-					
Name of Monitoring Firm Hired by Building Owner (8) ASOM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 13 SPOOK ROCK ROAD 13 SPOOK ROCK ROAD 13 SPOOK ROCK ROAD 14 Coupan's New York 19991 Project Manager for Monitoring Firm MICHAEL NEHLSEN Project Manager for Monitoring Firm MICHAEL NEHLSEN Sobe-688-7800 Sobe-688-7800 ASS-89-7800			,		- 1			•									
Milk Street Address	Name of Monitoring Firm		a Owr	ner (8)			Name of Abate	ment Contracto	or (9)			Allera .					
Street Address 1600 ROUTE 22 EAST 1600 ROUTE 22 EAST 1600 ROUTE 22 EAST 1700 ROUTE 23 EAST 1700 ROUTE 24 EAST 1700 ROUTE 25 EAS			9 0	(0)						ION							
1500 ROUTE 22 EAST																	
City, State, Zip Code							313 SPOOK RO	OCK ROAD									
UNION, NEW JERSEY 07083 UNION, NEW JERSEY 07084 UNION Status Date of Completion Jersey 12 (Joseph Warren) 13 (Joseph Warren) 14 (Joseph Warren) 15 (Josep			770			· · · · · · · · · · · · · · · · · · ·	City, State, Zip	Code				-					
Tolephone Number	T// Diane/ T.lp Doug	UNION, NEW	JERSE	EY 070	83			W YORK 10901		22.7							
MCHAEL NEHL SEN	Project Manager for Monitor					ımber	Telephone Nun	nber Lice	ense N	umbe	er						
Expected State Date (10) 11				908-68	8-7800	l e	845-369-7500	460	1				0.60				
11							Name of OSHA	Monitor									
Month Day Year Day		/12	Conc				구멍구 [1.5] 가수										
Occupancy Status During Abatement (Check only one) Facility Closed/Wacaded During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code WAPPINGERS FALLS, NEW YORK 10016 Scope of Work (Check all that apply) Demolition Renovation Renovation	process the state of the state		Mo			Day Year			0-050			200000000000000000000000000000000000000					
Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9	Occupancy Status During A	batement (Check	only	one)			Street Address										
Abatement Performed Outside of Normal Facility Hours - Describe: Vite Vite	Facility Closed/	acated During E	ntire P	eriod o	f Abate	ment	1376 ROUTE 9										
City, State, Zip Code WAPPINGERS FALLS, NEW YORK 10016 State, Zip Code WAPPINGERS FALLS, NEW YORK 10016 State Stat	Abatement Perfe	ormed Outside of	Norm	al Facil	ity Hou	rs - Describe:											
Scope of Work (Check all that apply) Demolition SSF OR LF Note	X Other - Describe					The second secon							•				
Demolition	NAME OF THE PERSON OF THE PERS	FRI., SAT.	, SUN	7AM-	3:30PM		1		LLS, I	1FAA	YORK	1001	0				
SSF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) Solely by (ie. Thermal systems in Staff (12) Yes No N/A STEFLOOR- MEZZANINE STEFLOOR MEZZANINE STEFLOOR MEZZANINE X PRAY ON FIREPROOFING SIGN SF X SPRAY ON FIREPROOFING SOLO SF X FIREPPROOFING SOLO SF X SPRAY ON FIREPROOFING SOLO SF X SOLO		nat apply)				1. Carrier 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		ative Pressure									
Non-Friable Procedure Non-Friable Procedure Non-Friable Procedure			Reno	vation		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2											
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13) Staff (12) Yes No N/A SPRAY ON FIREPROOFING MER ROOM - 2ND FLOOR Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Title Description of Asbestos-Containing Material (ACM) Amount (Specify Amount (Specif																	
Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) Staff (12) Yes No NA SPRAY ON FIREPROOFING SPRAY ON FIREPROOFING MER ROOM - 2ND FLOOR Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET NUDEP Waste Cubic Yards of Waste Hauler ID No. 22147 Disposal Date Containing Material (ACM) (ie. Thermal systems (ispecify) For LP) A DEP Waste Spro LF) A DE			-		- 1				1		AL -4-						
Staff (12) Yes No N/A 1ST FLOOR- MEZZANINE X SPRAY ON FIREPROOFING S,500 SF X SFREPROOFING S,500 SF X MER ROOM - 2ND FLOOR X FIREPPROOFING S FREPROOFING Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title SPRAY ON FIREPROOFING S,500 SF X F F F F F F F F F F F F F F F F F F								Amount					Type				
Staff (12) Yes No N/A 1ST FLOOR- MEZZANINE X SPRAY ON FIREPROOFING S,500 SF X SFREPROOFING S,500 SF X MER ROOM - 2ND FLOOR X FIREPPROOFING S FREPROOFING Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title SPRAY ON FIREPROOFING S,500 SF X F F F F F F F F F F F F F F F F F F			10000000	1000000			976937	E	闽	m	Z	Z	1				
Staff (12) Yes No N/A 1ST FLOOR- MEZZANINE X SPRAY ON FIREPROOFING S,500 SF X SFREPROOFING S,500 SF X MER ROOM - 2ND FLOOR X FIREPPROOFING S FREPROOFING Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title SPRAY ON FIREPROOFING S,500 SF X F F F F F F F F F F F F F F F F F F		100 T	Edward Color		X				ð	ž	A	15					
ST FLOOR-MEZZANINE X SPRAY ON FIREPROOFING 6,500 SF X								SF OF LF)	SF or LF)		Sd	100					
STFLOOR- MEZZANINE X SPRAY ON FIREPROOFING S,500 SF X MER ROOM - 2ND FLOOR X FIREPPROOFING 660 SF X SPRAY ON FIREPROOFING Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title X SPRAY ON FIREPROOFING S,500 SF X FIREPPROOFING 660 SF X Name of Registered Landfill MiNERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City, State Industry	in Facility (1	3)				or other misce	naneous)		1		=	12					
IST FLOOR- MEZZANINE MER ROOM - 2ND FLOOR X FIREPPROOFING 660 SF X MER ROOM - 2ND FLOOR X FIREPPROOFING 660 SF X Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title X FLOOR TILE 8,500 SF X Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. GITY, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Signature Date			res	INO I	WA			+	+	1	+	1					
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title X FLOOR TILE 8,500 SF X FIREPPROOFING 660 SF X Name of Registered Landfill Minerva Enterprises LLC 8955 Minerva ROAD S.E. City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Signature X FLOOR TILE 8,500 SF X Name of Registered Landfill Minerva Enterprises LLC 8955 Minerva ROAD S.E. City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Signature Date	1ST FLOOR- MEZZANINE)	SF	PRAY ON FIREPROOF	ING	6, 500 SF	X								
MER ROOM - 2ND FLOOR X FIREPPROOFING 660 SF X FIREPPROOFING 660 SF X Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title X FIREPPROOFING K FIREPPROOFING K Mame of Registered Landfill MINERVA ENTERPRISES LLC 8355 MINERVA ROAD S.E. Disposal Date 10/16/12 - 02/30/2013 WAYNESBURG, OHIO 44688 Date Date						OOR TILE		8 500 SE	x								
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title NJDEP Waste Cubic Yards of Waste Miner of Registered Landfill MINERVA ENTERPRISES LLC 8955 Min)ERVA ROAD S.E. City State MACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Signature Date			-					Commence of the Commence of th		1	+	1					
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date	MER ROOM - 2ND FLOOR)	FI	REPPROOFING		660 SF	X	-	-	1					
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date																	
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date					-												
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date																	
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date									T								
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date	s									T		T					
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date					-					1							
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date	-32		1	-	-					1	1	1					
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City State WA WISSBURG, OHIO 44688 Date Date			1	-	-				1	1							
GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Hauler ID No. 150 MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. Disposal Date 10/16/12 - 02/30/2013 WAYNESBURG, OHIO 44688 Date Date	- I		1	-	-				1			1					
GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Hauler ID No. 150 MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. Disposal Date 10/16/12 - 02/30/2013 WAYNESBURG, OHIO 44688 Date Date			+-	\vdash	+							1					
GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Hauler ID No. 150 MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. Disposal Date 10/16/12 - 02/30/2013 WAYNESBURG, OHIO 44688 Date Date			-	-	-				+	1	1	1					
GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Hauler ID No. 150 MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. Disposal Date 10/16/12 - 02/30/2013 WAYNESBURG, OHIO 44688 Date Date			-	\vdash	-			 	+	1	1	1					
GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Hauler ID No. 150 MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. Disposal Date 10/16/12 - 02/30/2013 WAYNESBURG, OHIO 44688 Date Date	N (D-11 1181 1	Houles	NUD	D 10/c	to C	ubic Vards of Waste	Name of Pegie	tered Landfill			_						
699 WASHINGTON STREET City, State HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) Title Signature B855 MINERVA ROAD S.E. City, State HACKETTWON, NEW JERSEY 07840 Title Signature Date																	
City, State HACKETTWON, NEW JERSEY 07840 Disposal Date 10/16/12 - 02/30/2013 WAYNESBURG, OHIO 44688 Completed by (Print or Type) Title Signature Date					٥.	130											
HACKETTWON, NEW JERSEY 07840 10/16/12 - 02/30/2013 WAYNESBURG, OHIO 44688 Completed by (Print or Type) Title Signature Date		<u> </u>	1	22141	Di	isnosal Date	/City/State										
Completed by (Print or Type) Title Signature Date		2SEY 07840					WAYNESBURG	G. OHIO 44688		2004	. 1	35779					
Completed by (1 mit of 1990)	Completed by (Brint or Type	a) Title					XIX		е	7	1	2-1	1)				
	BENJAMIN SANCHEZ	DIRE		ROFC	PERAT		118(1	/ .)/	10				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) NOVARTIS PHARMACUETICALS CORPORATION Date of Notification (1) Street Address 19 /12 Type Notification 1 HEALTH PLAZA Agencies Notified Initial Notification City, State, Zip Code **TEPA** EAST HANOVER, NEW JERSEY 07936 DEP Amended Notification #3 Cancellation DOL Name of Contact DOH On Hold **EMERGENCY NOTIFICATION** PETER GEANNAKOPOULOS DCA ICFNSING FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) NOVARTIS -EAST HANOVER Other (ie. private & commol. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 HEALTH PLAZA 50,000 Current Use (Prior if being demolished) County (6) County Code (7) City (5) EAST HAOVER MORRIS (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION HILLMAN ENVIRONMENTAL 17 Street Address Street Address 313 SPOOK ROCK ROAD 1600 ROUTE 22 EAST City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 908-688-7800 845-369-7500 460 MICHAEL NEHLSEN Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor QUALITY ENVIRONMENTAL 21 11/ Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: WEDNESDAY 2PM-11PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 10016 FRI., SAT., SUN.-7AM-3:30PW/4PM-12AM Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo: >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Containing Material (ACM) Asbestos-containing normally used Amount ENCLOSUR REPAIR ENCAPSUL REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify Maint/Custodial SF or LF) TO BE ABATED insulation, surfacing, VAT, in Facility (13) Staff (12) or other miscellaneous) Yes No N/A SPRAY ON FIREPROOFING 6, 500 SF 1ST FLOOR- MEZZANINE X 1ST FLOOR- MEZZANINE FLOOR TILE 8,500 SF FIREPPROOFING 660 SF X MER ROOM - 2ND FLOOR Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill GLOBAL WASTE INDUSTRIES INC. Hauler ID No. 150 MINERVA ENTERPRISES LLC 8959 MINERVA ROAD S.E. 699 WASHINGTON STREET 22147 City, state WAYNESBURG, OHIO 44688 Disposal Date City, State HACKETTWON, NEW JERSEY 07840 10/16/12 - 02/30/20

Date

Completed by (Print or Type)

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Name of Building Owner/Operator (2) Date of Notification (1) Street Address /12 Agencies Notified Type Notification 1 HEALTH PLAZA 2812 DEC 12 EPA Initial Notification City, State, Zip Code DEP EAST HANOVER, NEW JERSEY 07936 Amended Notification DOL Cancellation DOH On Hold Name of Contact NSING DCA EMERGENCY NOTIFICATION PETER GEANNAKOPOULOS FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) **NOVARTIS -EAST HANOVER** Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 HEALTH PLAZA 50,000 48 Current Use (Prior if being demolished) City (5) County (6) County Code (7) EAST HAOVER MORRIS (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HILLMAN ENVIRONMENTAL PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 1600 ROUTE 22 EAST 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MICHAEL NEHLSEN 908-688-7800 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10 / 31 QUALITY ENVIRONMENTAL 1/ Month Year Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 4 PM - 12:30 AM Other - Describe: City, State, Zip Code WAPPINGERS FALLS, NEW YORK 10016 SATURDAY 12 PM-8 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini-Enclo , Renovation >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Description of Asbestos-Location of Is Location Abatement Type normally used Containing Material (ACM) Asbestos-containing Amount REPAIR ENCAPSUL **ENCLOSUR** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify Maint/Custodial SF or LF) TO BE ABATED insulation, surfacing, VAT, in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR- MEZZANINE SPRAY ON FIREPROOFING 6, 500 SF Y 1ST FLOOR- MEZZANINE FLOOR TILE 8,500 SF

N.IDEP Waste

Hauler ID No.

22147

DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler

699 WASHINGTON STREET

Completed by (Print or Type) BENJAMIN SANCHEZ

City, State

GLOBAL WASTE INDUSTRIES INC.

HACKETTWON, NEW JERSEY 07840

Cubic Yards of Waste

10/16/12 - 01/31/2013

Disposal Date

100

Signature

Name of Registered Landfill

MINERVA ENTERPRISES LLC 8955 MINERYA ROAD S.E. CILY, SAME WAYNESBURG, OHIO 446

BURG, OHIO 44688

Date

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) RECEIVED Date of Notification (1) NOVARTIS PHARMACUETICALS CORPORATION Street Address /12 11 Type Notification Agencies Notified 1 HEALTH PLAZA Initial Notification City, State, Zip Code **EPA** DEP Amended Notification #1 EAST HANOVER, NEW JERSEY 07936 Cancellation DOL On Hold Name of Contact DOH **EMERGENCY NOTIFICATION** PETER GEANNAKOPOULOS DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) NOVARTIS -EAST HANOVER Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 HEALTH PLAZA 50,000 48 City (5) Current Use (Prior if being demolished) County (6) County Code (7) EAST HAOVER MORRIS (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8)
HILLMAN ENVIRONMENTAL ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 1600 ROUTE 22 EAST 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MICHAEL NEHLSEN 908-688-7800 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10 / /13 QUALITY ENVIRONMENTAL 1/ 31 Month Day Year Month Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 4 PM - 12:30 AM Other - Describe: City, State, Zip Code SATURDAY 12 PM-8 PM WAPPINGERS FALLS, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini-Enclo. Renovation >3SF OR LF Glovebag Procedure Non-Friable Procedure >160 SF OR 260 LF Location of Is Location Description of Asbestos-Abatement Type normally used Containing Material (ACM) Asbestos-containing Amount ENCAPSUL **ENCLOSUR** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial SF or LF) insulation, surfacing, VAT, in Facility (13) Staff (12) or other miscellaneous) Yes No NA 1ST FLOOR- MEZZANINE SPRAY ON FIREPROOFING 6,500 SF 1ST FLOOR- MEZZANINE X FLOOR TILE 8,500 SF Name of Registered Waste Hauler N.IDEP Waste Cubic Yards of Waste Name of Registered Landfill GLOBAL WASTE INDUSTRIES INC. Hauler ID No. 100 MINERVA ENTERPRISES LLC

8955 MINERVA ROAD S.E.

City, State

Date

699 WASHINGTON STREET

Completed by (Print or Type) BENJAMIN SANCHEZ

HACKETTWON, NEW JERSEY 07840

City, State

22147

DIRECTOR OF OPERATIONS

Disposal Date

10/16/12 - 01/31/2013

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) NOVARTIS PHARMACUETICALS CORPORATION Date of Notification (1) Street Address /12 10 2012 DEC 12 PM 3: 39 Type Notification 1 HEALTH PLAZA Agencies Notified City, State, Zip Code Initial Notification EPA DEP Amended Notification EAST HANOVER, NEW JERSEY 07936 ASBESTOS MUNICIPAL Cancellation DOL On Hold Name of Contact LICENSING DOH EMERGENCY NOTIFICATION PETER GEANNAKOPOULOS DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) NOVARTIS -EAST HANOVER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Blda, Age 1 HEALTH PLAZA 50,000 4 County Code (7) Current Use (Prior if being demolished) City (5) County (6) EAST HAOVER MORRIS (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. HILLMAN ENVIRONMENTAL PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 1600 ROUTE 22 EAST 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 UNION, NEW JERSEY 07083 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number MICHAEL NEHLSEN 908-688-7800 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor QUALITY ENVIRONMENTAL 10 / 31 1/ Month Day Year Month Year Occupancy Status During Abatement (Check only one) Street Address 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 4 PM - 12:30 AM City, State, Zip Code Other - Describe: WAPPINGERS FALLS, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini-Enclo: Renovation Glovebag Procedure >3SF OR LF 260 LF Non-Friable Procedure >160 SF OR Description of Asbestos-Containing Material (ACM) Location of Is Location Abatement Type normally used Amount REPAIR Asbestos-containing ENCLOSUR REMOVAL ENCAPSUL Material (ACM) solely by (ie. Thermal systems (Specify Maint/Custodial insulation, surfacing, VAT, TO BE ABATED SF or LF) or other miscellaneous) in Facility (13) Staff (12) Yes No N/A 1ST FLOOR- MEZZANINE SPRAY ON FIREPROOFING 6, 500 SF 1ST FLOOR- MEZZANINE FLOOR TILE 8,500 SF NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler MINERVA ENTERPRISES LLC GLOBAL WASTE INDUSTRIES INC. Hauler ID No. 100 699 WASHINGTON STREET 8955 MINERVA ROAD S.E. 22147 City, State WAYNESB City, State Disposal Date OHIO 44688 10/16/12 - 01/31/2013 HACKETTWON, NEW JERSEY 07840 Completed by (Print or Type) BENJAMIN SANCHEZ Date

Signature

DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) RECEIVED

SOLVED

SOLV No check Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION Date of Notification (1) Street Address /12 12 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Type Notification Agencies Notified City, State, Zip Code Initial Notification RAHWAY, NEW JERSEY 07065 Amended Notification #4 DEP Cancellation DOL Telephone Number Name of Contact On Hold DOH EMERGENCY NOTIFICATION MARY BETH BAKER DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) MERCK SHARP & DOHME CORPORATION Bldg. Age Square Feet # of Floors Street Address N/A 126 EAST LINCOLN AVENUE Current Use (Prior if being demolished) County Code (7) County (6) 500,000 GALLON WASTE WATER TANK TA 120 City (5) (STATE USE ONLY) UNION RAHWAY Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 17 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 313 SPOOK ROCK ROAD Street Address 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) #11480 AMERISCI LABORATORIES INC /12 /12 12 / 11 / Year Month Day Year Day Month Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY-SATURDAY 7AM-3:30PM NEW YORK, NEW YORK 10016 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo:, X Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure 260 LF >160 SF OR Abatement Type Description of Asbestos-Is Location Location of ENCLOSUR Containing Material (ACM) Amount ENCAPSU REMOVAL REPAIR normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) insulation, surfacing, VAT, SF or LF) Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 5,500 SF ASBESTOS CONTAINING EXTERIOR TA 120 TANK PAINT ON TANK Name of Registered Landfill Cubic Yards of Waste N.IDEP Waste LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 15939 **825 HIGHWAY 33** City State Disposal Date City, State WINTGOMERY , PA 17752 11/13-12/14/12 FREEHOLD, NEW JERSEY Date Completed by (Print or Type) BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS