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

Date of Notification (1) 12-10-12

Agency Notified: EPA
Type Notification: Initial

Name of Building Owner/Operator (2): ULMAN FAMILY PARTNERSHIP
Street Address: 3900 MILLENIUM BLVD
City, State, Zip Code: ORLANDO, FL 32839
Name of Contact: THOMAS BAUER
Telephone Number: 

Facility Information
Name of Facility Where Abatement is Taking Place (3): FORMER STATE FARM BUILDING
Street Address: 1750 RT. 23
City: WAYNE
County: PASSAIC
County Code (7) (STATE USE ONLY): 

Square Feet: 100,000
# of Floors: 1
Bldg. Age: 40+

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

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (5): D.A. WEST ASSOCIATES, INC
ASCN No.: 

Name of Abatement Contractor (9): UNIFRO, INC.
Street Address: 173 KARKUS AVE
City, State, Zip Code: NEW BRIDGE, NJ 07605
Telephone No.: 732-726-3111
License No.: 00615

Project Manager for Monitoring Firm: BOB LEST
Telephone No.: 215-860-9526

Start Date (10): 12-11-12
Scheduled Completion Date (11): 01-27-13

Occupancy Status During Abatement (Check only one):
- Vacate Premises
- Evacuate Premises
- Leaving Premises Occupied
- Discontinue Use
- As above

Facility Closed/Vacated During Entire Period of Abatement: 

Abatement Performed Outside of Normal Facility Hours: 

Scope of Work (Check all that apply):
- 250 ft² or 25 ft²
- 160 ft² or ± 250 ft²

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

- IN Facility
- OUTSIDE Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?: (12)
- Yes
- No
- N/A

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

- Black Floor Haistic 61,000 SF
- Transite Window Sills 300 LF
- Floor Breaching 250 LF
- Boiler Gasbestos Insulation 84 LF

Abatement Type:
- Removal
- Remediation
- Encapsulation
- Enclosure
- Not Applicable

Name of Registered Waste Hauler: NEWARK CARING, INC.
ID No.: 4509
Cubic Yards of Waste: N/A

Name of Registered Landfill: GROWS, INC.
City, State: MORRISVILLE, PA
Disposal Date: N/A

Completed by: DAVID T. TOOLE,
Title: PRES.
Signature: 
Date: 12-10-12

ASS-41

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)**

**Data of Notification:**
12/6/12

**Name of Building Owner/Operator:**
New Jersey School Development Authority.

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

**Type Notification:**
- Initial
- X Amended
- Amendment # 6
- Emergency (including justification)
- Cancellation

**Street Address:**
1 West State Street.

**City, State, Zip Code:**
Trenton New Jersey 08625

**Name of Contact:**
Dave Benfer

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
Future Site of Paterson PS 18

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

**Square Feet:**
4600

**# of Floors:**
3

**Built Age:**
35+

**County Code (7): (STATE USE ONLY)**

**Current Use (Prior to if being demolished):**
National Guard Armory

**County:**
Passaic

**City:**
Paterson New Jersey

**State Code:**
New Jersey

**Zip Code:**
08625

**Name of Monitoring Firm Hired by Building Owner (8):**
Birdsell Engineering

**ASCN No.:**
00140

**Name of Abatement Contractor (9):**
Tricon Enterprises Inc

**Street Address:**
322 Beers St

**Telephone No.:**
732-739-1200

**License No.:**
01095

**Street Address:**
City, State, Zip Code
Keyport, N.J. 07735

**Name of OSHA Monitor:**
Tricon Enterprises Inc

**Start Date (10):**
12/17/12

**Scheduled Completion Date (11):**
1/17/13

**Name of Registered Waste Handler:**

**R&B Debris:**
NJDEP Waste Hauler ID No. SW2507

**Cubic Yards of Waste:**
20

**Name of Registered Landfill:**
Minerva Landfill

**Disposal Date:**
1/10/13-12/17/13

**City, State:**
Waynesburg, Ohio

**Completed by:**
Scott Rubin

**Title:**
Project Manager

**Signature:**

**Scope of Work (Check All That Apply):**

- X Renovation
- X Demolition

- X ≥3 sf or ≥3 if
- X ≥150 sf or ≥250 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>windows</td>
<td>No</td>
<td>windows</td>
<td>20</td>
<td>X Removal</td>
</tr>
<tr>
<td>flashing</td>
<td>x</td>
<td>flashing</td>
<td>750lf</td>
<td>X Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>roofing</td>
<td>x</td>
<td>Roofing</td>
<td>2500 sf</td>
<td>X Glovebag Procedure</td>
</tr>
<tr>
<td>siding</td>
<td>x</td>
<td>siding</td>
<td>2500 sf</td>
<td>X Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:**

**R&B Debris:**
NJDEP Waste Hauler ID No. SW2507

**Cubic Yards of Waste:**
20

**Name of Registered Landfill:**
Minerva Landfill

**Disposal Date:**
1/10/13-12/17/13

**City, State:**
Waynesburg, Ohio

**Completed by:**
Scott Rubin

**Title:**
Project Manager

**Signature:**

*Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-10-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TPM BUILDERS</td>
</tr>
<tr>
<td>Street Address</td>
<td>2390 RIVER SIDE DR</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WALL, NJ 07719</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | TPM |
| Street Address | 913 ELLISON AVE |
| City (7) | POINT PLEASANT |
| County Code/MUNICIPALITY (8) | OCEAN |
| Name of Monitoring Firm Acting as Building Owner (9) | ACE INSULATION CO, INC |
| Telephone No. | 732-241-7367 |
| Name of Abatement Contractor (10) | ACE INSULATION CO, INC |
| Street Address | 95 MONROE RD |
| City, State, Zip Code | COLTS NECK, NJ 07726 |
| Project Manager for Monitoring Firm | Roderick M. James, P.E. |
| Telephone No. | 732-241-7367 |
| License No. | 10369996 |
| Name of QHA Monitor | ACE INSULATION CO, INC |
| Street Address | 95 MONROE RD |
| City, State, Zip Code | COLTS NECK, NJ 07726 |
| Start Date (10) | 12-10-12 |
| Scheduled Completion Date (11) | 12-29-12 |
| Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check all that apply) | Renovation Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | SIDINGS |
| In Location Normally Used Solely by Maintenance/Contractual Staff or Any Other Person (12) | YES |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other microencapsulation) | SIDINGS |
| Amount (Square Feet or Linear Feet) | 1500 |

**Abatement Type**

| NDEP Waste Handler | ACE INSULATION CO, INC |
| City, State | COLTS NECK, NJ 07726 |
| Disposal Date | 12-21-12 |

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

(State of New Jersey)

**Date of Notification (1)**
12-7-2012

**Name of Building Owner/Operator (2)**
D. DAUBER

**Agency Notified**
- [ ] DEP
- [ ] EPA
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type of Notification**
- [ ] Initial
- [ ] Amended
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Street Address**
70 LYDECKER STREET

**City, State, Zip Code**
ENGLEWOOD, NJ 07631

**Name of Contact**
D. DAUBER

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
D. DAUBER

**Street Address**
70 LYDECKER STREET

**City (5)**
ENGLEWOOD

**County (6)**
BERGEN

**Square Feet**
3500

**No of Floors**
3

**Building Age**
85 YRS

**Current Use (Prior if being demolished)**
RESIDENCE

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

**ASCM No.**

**Name of Abatement Contractor (6)**
Best Removal Inc

**Street Address**
450 S.River St

**City, State, Zip Code**
Hackensack, N.J. 07601

**Telephone No.**
201-329-7444

**License No.**
00388

**Name of OSHA Monitor**
Omega Environmental Inc

**Street Address**
280 Huyler St

**City, State, Zip Code**
South Hackensack, N.J. 07606

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**

**Start Date (10)**
12-17-12

**Scheduled Completion Date (11)**
12-18-12

**Occupancy Status During Abatement (Check only one)**
- [ ] Vacated
- [ ] Normal Facility Hours
- [ ] Other - Describe: 8AM-5PM

**Scope of Work (Check all that apply)**
- [ ] ≥ 3 ft or ≤ 2.5 ft
- [ ] ≥ 160 sf or ≤ 260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Use</th>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>No</td>
<td>THERMAL INSULATION</td>
<td>51 LF</td>
</tr>
<tr>
<td>2nd Floor Bath</td>
<td>Yes</td>
<td>THERMAL INSULATION</td>
<td>13 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Best Removal Inc

**Cubic Yards of Waste**
17109

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Hackensack, N.J. 07601

**Disposal Date**
12-18-12

**City, State**
Waynesburg, Oh

**Completed by**
R. Veldran

**Title**
Estimator

**Signature**
R. Veldran

**Date**
12-7-2012

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 5:16)

**Date of Notification (1)**  
12/5/12

**Name of Building Owner/Operator (2)**  
Paul Casagrande

**Name of Facility Where Abatement is Taking Place (3)**  
Residence

**Project Manager for Monitoring Firm**  

**Street Address**  
509 Old Mill Rd.

**City (5)**  
Spring Lake Heights, NJ

**County (6)**  
Monmouth

**Name of Monitoring Firm HIred by Building Owner (8)**  

**ASCM No.**  

**Type of Facility (4)**  

**Square Feet**  
1400

**Name of Abatement Contractor (9)**  
Stevens Environmental Services, Inc.

**City, State, Zip Code**  
Allentown, NJ 08501

**Telephone No.**  
(609) 259-9688

**License No.**  
00493

**Street Address**  
PO Box 322

**City, State, Zip Code**  
Crosswicks, NJ 08515

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 AM-4:00 PM

**Scope of Work (Check all that apply)**

- ≥30 sf or ≥3 sf
- ≥180 sf or ≥260 sf
- Renovation
- Demolition

**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)

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>transite siding</td>
<td>1100 SF</td>
</tr>
</tbody>
</table>

**Abatement Type**

- Removal
- Encapsulate
- Enclose
- Dispose

**Location and Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Location and Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 CU</td>
<td>T.R.R.F., Inc. Landfill</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental</td>
<td>12/13/12</td>
</tr>
</tbody>
</table>

**City, State**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allentown, NJ</td>
<td>08501</td>
</tr>
</tbody>
</table>

**Completed By**

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date**

12/5/12

*Do not use this form for asbestos licensure exempted activities.*
### Date of Notification (1)

<table>
<thead>
<tr>
<th>12</th>
<th>5</th>
<th>12</th>
</tr>
</thead>
</table>

**Agencies Notified**
- [X] EPA
- [DEP]
- [X] DOL
- [X] DOH
- [X] DCA

**Type Notification**
- [ ] Initial Notification
- [ ] Amended Notification #4
- [X] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

**Name of Facility Where Abatement is Taking Place (5)**

| NOVARTIS - EAST HANOVER |

**Street Address**

1 HEALTH PLAZA

**City**

EAST HAUER

**County**

MORRIS

**State**

NEW JERSEY

**ZIP Code**

07936

**Date**

2012 DEC 12

**Time**

PM 3:39

**Received**

[Stamp]

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

NOVARTIS PHARMACEUTICALS CORPORATION

**Street Address**

1 HEALTH PLAZA

**City**

EAST HANOVER

**State**

NEW JERSEY

**ZIP Code**

07936

**Name of Contact**

PETER GEANNAKOPOULOS

**Occupancy Status During Abatement (Check only one):**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: WEDNESDAY 2PM-11PM FRI., SAT., SUN.-7AM-3:30PM/4PM-12AM

**Square Feet**

50,000

**# of Floors**

4

**Building Age**

48

**Type of Facility (4)**

- School (k-12)
- Subchapter B (Other than K-12)
- Other (ie. private & comm. bldgs., homes, etc.)

**Current Use (Prior if being demolished):**

- VACANT

**Name of Abatement Contractor (9):**

PAR ENVIRONMENTAL CORPORATION

**Street Address**

313 SPOOK ROCK ROAD

**City**

WAPPINGERS FALLS

**State**

NEW YORK

**ZIP Code**

10016

**Name of OSHA Monitor:**

QUALITY ENVIRONMENTAL

### Occupancy Status During Abatement (Check only one): 12/1/12

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other - Describe: WEDNESDAY 2PM-11PM FRI., SAT., SUN.-7AM-3:30PM/4PM-12AM

**Scope of Work (Check all that apply):**

- [X] Demolition
- [ ] Renovation
- [X] >350 SF OR LF
- [X] >160 SF OR 260 LF
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclos
- [X] Glovebag Procedure
- [ ] Non-Friable Procedure

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13):**

| 1ST FLOOR - MEZZANINE |
| X | 6,500 SF | X |
| 1ST FLOOR - MEZZANINE |
| X | 8,500 SF | X |
| MER ROOM - 2ND FLOOR |
| X | 660 SF | X |
| **Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13):** |
| **Is Location normally used solely by Maintenance/Custodial Staff (12):** |
| Yes | No |
| **Description of Asbestos-Containing Material (ACM):** |
| (ie. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| **Amount (Specify SF or LF):** |
| **Removal** |
| **Encapsulation** |
| **Abatement Date:**

10/16/12 - 02/20/2013

**Disposal Date:**

10/16/12 - 02/20/2013

**Name of Registered Waste Hauler:**

GLOBAL WASTE INDUSTRIES INC.
699 WASHINGTON STREET
HACKETTOWN, NEW JERSEY 07840

**City, State:**

HACKETTOWN, NEW JERSEY

**Date:**

12/5/12

**Completed by (Print or Type):**

BENJAMIN SANCHEZ

**Title:**

DIRECTOR OF OPERATIONS

**Signature:**

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

Date of Notification (1)
11 / 19 /12

Agencies Notified
X EPA
X DEP
X DOL
X DOH
X DCA

Type Notification
Initial Notification
Amended Notification 
Cancellation
On Hold
EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
NOVARTIS PHARMACEUTICALS CORPORATION

Street Address
1 HEALTH PLAZA

City, State, Zip Code
EAST HANOVER, NEW JERSEY 07936

Name of Contact
PETER GEANNAKOPOULOS

Name of Facility Where Abatement is Taking Place (3)
NOVARTIS - EAST HANOVER

Street Address
1 HEALTH PLAZA

City (8)
EAST HANOVER

County (9)
MORRIS

County Code (7)
ASCM No.
17

Current Use (Prior if being demolished)
VACANT

Name of Abatement Contractor (8)
PARD ENVIRONMENTAL CORPORATION

Street Address
1600 ROUTE 22 EAST

City, State, Zip Code
UNION, NEW JERSEY 07083

Project Manager for Monitoring Firm
MICHAEL NEHLSEN

Telephone Number
908-688-7800

License Number
845-369-7500

Expected State Data (10)
11 / 21 /12

Sched. Completion Data (11)
2 / 30 /13

Occupancy Status During Abatement (Check only one)
Facility Closed/ Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe:
WEDNESDAY 2PM-11PM
FRI., SAT., SUN. 7AM-3:30PM/4PM-12AM

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
WAPPENING FALLS, NEW YORK 10016

City, State, Zip Code
1376 ROUTE 9

Scope of Work (Check all that apply)
Demolition
Renovation
Non-Fireable Procedure

Is Location normally used
soil by
Maint/Custodial
Staff (12)
Yes No N/A

Location of Asbestos-containing Material (ACM)

TO BE ABATED
in Facility (13)

1ST FLOOR- MEZZANINE

X SPRAY ON FIREPROOFING

6,500 SF

1ST FLOOR- MEZZANINE

X FLOOR TILE

6,500 SF

MER ROOM - 2ND FLOOR

X FIREPROOFING

660 LF

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIES INC.
699 WASHINGTON STREET

Hauler ID No.
22147

Name of Registered Landfill
MINERVA ENTERPRISES LLC
695 MINERVA ROAD S.E.

City, State
HACKETTWN, NEW JERSEY 07740

Disposal Date
10/19/12 - 01/20/13

Name of Registered Landfill

Date 11/19/12

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS
Date of Notification (1) | 11 / 9 / 12
---|---
Agencies Notified | Type Notification
X EPA | Initial Notification
X DOL | Cancellation
X DOH | On Hold
X DCA | EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
NOVARTIS - EAST HANOVER

Street Address
1 HEALTH PLAZA

City (5)
EAST HANOVER

County (6)
MORRIS

County Code (7) (STATE USE ONLY)
ASCM No.
17

Name of Monitoring Firm Hired by Building Owner (8)
HILLMAN ENVIRONMENTAL

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1800 ROUTE 22 EAST

City, State, Zip Code
 UNION, NEW JERSEY 07883

Project Manager for Monitoring Firm
MICHAEL NEHLS
908-688-7800

Expected State Date (10)
10 / 16 / 12

Sched. Completion Date (11)
1 / 31 / 13

Month | Day | Year
---|---|---

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours - Describe:
    - MONDAY - FRIDAY 4 PM - 12:30 AM SATURDAY 12 PM-8 PM

Scope of Work (Check all that apply)
- Demolition
- Renovation
- >3SF OR LF
- >180 SF OR 260 LF
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

<table>
<thead>
<tr>
<th>Is Location normally used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Special SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>SPRAY ON FIREPROOFING</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIES INC.
699 WASHINGTON STREET

Cubic Yards of Waste
100

Name of Registered Landfill
MINERVA ENTERPRISES LLC
8956 MINERVA ROAD S.E.

City, State
HACKETTOWN, NEW JERSEY 07849

Disposal Date
10/12/2012 - 01/31/2013

Benjamin Sanchez
DIRECTOR OF OPERATIONS

11/9/12
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**

11 / 1 / 12

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

NOVARTIS PHARMACEUTICALS CORPORATION

**Street Address**

1 HEALTH PLAZA

**City, State, Zip Code**

EAST HANOVER, NEW JERSEY 07936

**Name of Contact**

PETER GEANNAKOPOULOS

**Type of Facility (4)**

Subchapter B (Other than K-12)

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - MONDAY - FRIDAY, 4 PM - 7:30 AM
  - SATURDAY 12 PM - 6 PM

**Range of Floors**

- 10
- 16

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor - Mezzanine</td>
<td>SPRAY ON FIREPROOFING</td>
<td>6,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor - Mezzanine</td>
<td>FLOOR TILE</td>
<td>8,500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

GLOBAL WASTE INDUSTRIES INC.

699 WASHINGTON STREET

NUDEP Waste Hauler ID No. 22147

Cubic Yards of Waste 100

Name of Registered Landfill

MINERVA ENTERPRISES LLC

8955 MINERVA ROAD S.E.

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

**Date**

11/1/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30-7 and 12:120-7)

State of New Jersey

Date of Notification (1)
10 / 2 / 12

Name of Building Owner/Operator (2)
NOVARTIS PHARMACEUTICALS CORPORATION

Address
1 HEALTH PLAZA

City, State, Zip Code
EAST HANOVER, NEW JERSEY 07936

Name of Contact
PETE GEANNOPOULOS

Type of Facility (4)
Subchapter 8 (Other than K-12)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NOVARTIS - EAST HANOVER

Street Address
1 HEALTH PLAZA

City (5)
EAST HANOVER

County (6)
MORRIS

County Code (7)
17

Type of Work (Check all that apply)
Demolition

Location of Asbestos-containing Material (ACM)
TO BE ABATED

In Facility (13)
Yes

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIES INC.
699 WASHINGTON STREET

Disposal Date
10/31/12

Name of Registered Landfill
MINERVA ENTERPRISES LLC
8955 MINERVA ROAD S.E.

City, State
HACKETTOWN, NEW JERSEY 07840

City, State
WAYNESBORO, OHIO 44688

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Cubic Yards of Waste
100

Signed

Date
10/2/12
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Name of Building Owner/Operator:**
MERCK SHARP & DOHME CORPORATION

**Street Address:**
125 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code:**
RAHWAY, NEW JERSEY 07065

**Name of Contact:**
MARY BETH BAKER

**Telephone Number:**

**Facility Information:****

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCK SHARP &amp; DOHME CORPORATION</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:**
125 EAST LINCOLN AVENUE

**City:** RAHWAY

**County:** UNION

**County Code (STATE USE ONLY):** ASCM No. 17

**Name of Monitoring Firm Hired by Building Owner:**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**Street Address:**
655 WEST SHORE TRAIL

**City, State, Zip Code:** SPARTA, NEW JERSEY 07871

**Project Manager for Monitoring Firm:**
WILLIAM S. KERBEL, CII (973-728-5648)

**Expected Start Date (10):** 11 / 12

**Scheduled Completion Date (11):** 12 / 5 / 12

**Month:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one):**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: MONDAY-SATURDAY 7AM-3:30PM

**Type of Facility:**

- School (K-12)
- Subchapter B (Other than K-12)
- Other (ie. private & commd. bldgs., homes, etc.)

**Square Feet:** 5,500

**# of Floors:** N/A

**Current Use:**

<table>
<thead>
<tr>
<th>Facility Use (If being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Use: 500,000 GALLON WATER TANK TA 120</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor:**
PAR ENVIRONMENTAL CORPORATION

**Street Address:**
313 SPOOK ROCK ROAD

**City, State, Zip Code:** BUDDNELL, NEW YORK 19001

**Telephone Number:** 845-369-7500

**License Number:** 450

**Name of OSHA Monitor:**

- AMERISCI LABORATORIES INC #11480

**Street Address:**
117 EAST 30TH STREET

**City, State, Zip Code:** NEW YORK, NEW YORK 10016

**Scope of Work (Check all that apply):**

- Demolition
- Renovation
- CAPEX
- Glovebag Procedure
- Non-Fitting Procedure
- X 160 SF OR LF 260 LF

**Location of Asbestos-containing Material (ACM) TO BE ABATED in facility:**

<table>
<thead>
<tr>
<th>Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TA 120 TANK</td>
</tr>
</tbody>
</table>

**Is Location normally used solely by Maintenance/Custodial Staff (12):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TA 120 TANK</td>
</tr>
</tbody>
</table>

**Description of Asbestos-containing Material (ACM):**

- (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

- FREEFORD CARTAGE, INC.

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREEDOM</td>
<td>ASBESTOS CONTAINING EXTERIOR</td>
<td>5,500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste:**

- 500

**Name of Registered Landfill:**

- LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

**Disposal Data:**

- 447 ALEXANDER DRIVE ROUTE 15

**City, State:**

- MONTGOMERY, PA 17752

**Completed by (Print or Type):**

- BENJAMIN SANCHEZ

**Title:**

- DIRECTOR OF OPERATIONS

**Signature:**

- 12/5/12