

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

**RECEIVED**

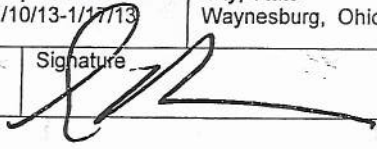
2012 DEC 12 PM 4:30  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <b>12-10-12</b>		Name of Building Owner/Operator (2) <b>ULLMAN FAMILY PARTNERSHIP</b>				
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3900 MILLENIA BLVD.</b> City, State, Zip Code <b>ORLANDO, FL 32839</b>				
		Name of Contact <b>THOMAS BAUER</b>	Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>FORMER STATE FARM BUILDING</b>		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 buildings, homes, etc.)				
Street Address <b>1750 RT. 23</b>		Square Feet <b>100,000</b>	# of Floors <b>1</b>			
City (5) <b>WAYNE</b>		Bldg. Age <b>40+</b>				
County (6) <b>PASSAIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>R.A. WEST ASSOCIATES, INC.</b>		Name of Abatement Contractor (9) <b>UNIPRO, INC.</b>				
Street Address <b>2865 SOUTH EAGLE RD. # 359</b>		Street Address <b>173 KARKUS AVE.</b>				
City, State, Zip Code <b>NEWTOWN, PA. 18940</b>		City, State, Zip Code <b>WOODBIDGE, NJ 07095</b>				
Project Manager for Monitoring Firm <b>BOB WEST</b>		Telephone No. <b>215.860.5026</b>	License No. <b>00615</b>			
Start Date (10) <b>12-11-12</b>	Scheduled Completion Date (11) <b>01-27-13</b>	Name of OSHA Monitor <b>AS ABOVE</b>				
Occupancy Status During Abatement (Check only one) <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:		Street Address				
		City, State, Zip Code				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> 160 sf or ≥ 260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>SEE ANNEXED SHEET</b>	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		
				Removal	Repair	Encapsulate
1. <b>THROUGHOUT BUILDING</b>	<b>X</b>	<b>BLACK FLOOR MASTIC</b>	<b>61,000 S.F.</b>	<b>X</b>		
2. <b>WINDOW SILLS</b>	<b>X</b>	<b>TRANSITE WINDOW SILLS</b>	<b>300 L.F.</b>	<b>X</b>		
3. <b>BOILER</b>	<b>X</b>	<b>FLUE BRECHING</b>	<b>250 L.F.</b>	<b>X</b>		
4. <b>BOILER</b>	<b>X</b>	<b>BOILER GASKETS TWO BOILERS</b>	<b>84 L.F.</b>	<b>X</b>		
Name of Registered Waste Hauler <b>NEWARK CARTING, INC.</b>	NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>N/A</b>	Name of Registered Landfill <b>GROWS, INC.</b>			
City, State <b>NEWARK, N.J.</b>	Disposal Date <b>N/A</b>	City, State <b>MORRISVILLE, PA.</b>				
Completed by <b>DAVID T. TOLCHIN</b>	Title <b>PRES.</b>	Signature <b>David T. Tolchin</b>	Date <b>12-10-12</b>			



13945

**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.		<b>RECEIVED</b> <b>2012 DEC 12 PM 3:48</b> <b>ASBESTOS CONTROL</b> <b>&amp; LICENSE CONTROL</b>					
Agencies Notified	Type Notification	Street Address 1 West State Street.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u> Emergency (including justification) Cancellation	City, State, Zip Code Trenton New Jersey 08625 Name of Contact   Dave Benfer							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Future Site of Paterson PS 16			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 14-16 22 <sup>nd</sup> Ave			Square Feet 4500						
City (5) Paterson New Jersey			# of Floors 3		Bldg. Age 35+				
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) National Guard Armory					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Engineering		ASCM No. 00140		Name of Abatement Contractor (9) Tricon Enterprises Inc					
Street Address 65 Jackson Drive.		Street Address 322 Beers St							
City, State, Zip Code Cranford New Jersey		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Mike Krupa		Telephone No. 908-477-6375		Telephone No. 732-739-1200					
License No. 01095									
Start Date (10) 12/17/12		Scheduled Completion Date (11) 1/17/13		Name of OSHA Monitor Tricon Enterprises Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____			Street Address   322 Beers St						
			City, State, Zip Code Keyport, N.J. 07735						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
windows			x	windows	20	x			
flashing			x	flashing	750lf	x			
roofing			x	Roofing	2500 sf	x			
siding			x	siding	2500 sf	x			
Name of Registered Waste Hauler   R&B Debris		NJDEP Waste Hauler ID No. SW2607		Cubic Yards of Waste 20		Name of Registered Landfill Minerva Landfill			
City, State 5900 Sylon Blvd Hainesport N.J. 08036				Disposal Date 1/10/13-1/17/13		City, State Waynesburg, Ohio			
Completed by Scott Rubin		Title Project manager		Signature 		Date 12/5/12			



Emergency

REMEMBER - MAIL IN HARD COPY

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

Check #

Date of Notification (1) <b>12-7-12</b>		Name of Building Owner/Operator (2) <b>John DeBruin</b>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>28 Scott Drive</b> City, State, Zip Code <b>Morganville NJ 07754</b> Name of Contact <b>John Moellen</b> Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Shore House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>3509 Ocean Blvd</b>		Square Feet	# of Floors						
City (5) <b>Brant Beach NJ 08008</b>		Bldg Age							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Shore House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies, Inc</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609-758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>12-10-12</b>	Scheduled Completion Date (11) <b>12-14-12</b>	Name of OSHA Monitor <b>EPC Technologies, Inc</b>							
Occupancy Status During Abatement (Check only one) <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		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ of or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible 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 cyclonic insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Walls			X	Transite Panels	1000 SF	X			
Exterior shingle wall			X	Siding Shingles	800 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJ DEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Waste Management</b>					
City, State <b>NE NJ</b>		Disposal Date <b>12-14-12</b>	City, State <b>Morrisville PA</b>		Date <b>12-7-12</b>				
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>						



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

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2012 DEC 12 PM 3:53

Date of Notification (1) <b>12-10-12</b>		Name of Building Owner/Operator (2) <b>T F M BUILDERS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>2390 RIVER SIDE</b>		City, State, Zip Code <b>WALL NJ 08736</b>	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>T F M</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>913 ELLISON AVE</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>
City (5) <b>POINT PLEASANT</b>		Bldg. Age <b>80</b>	
County (6) <b>OLGAN</b>		County Code (7) (STATE USE ONLY) <b>HOUSE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) <b>12-19-12</b>		Scheduled Completion Date (11) <b>12-29-12</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am - 7pm</b>		Name of OSHA Monitor <b>ACE INSULATION CO INC</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 160 sf or < 3 lf <input checked="" type="checkbox"/> > 160 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address <b>95 MONTROSE RD</b>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>SIDINGS</b>		Amount (Specify SF or LF) <b>1500</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Abatement Type Remove Repair Enclose	
Name of Registered Waste Hauler <b>ACE INSULATION CO</b>		NJDEP Waste Hauler ID No. <b>12086</b>	
City, State <b>COLTS NECK NJ 07722</b>		Cubic Yards of Waste <b>4</b>	
Disposal Date <b>12-21-12</b>		Name of Registered Landfill <b>GROWS</b>	
City, State <b>Tullytown PA</b>		Signature <b>Jack GALL</b>	
Completed By <b>Jack GALL</b>		Date <b>12-10-12</b>	



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

REC-4186  
2012 DEC 12 PM 3:53

Date of Notification (1) <b>12-7-2012</b>		Name of Building Owner/Operator (2) <b>D. DAUBER</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>70 LYDECKER STREET</b> City, State, Zip Code <b>ENGLEWOOD, NJ 07631</b> Name of Contact <b>D. DAUBER</b> Telephone Number				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>D. DAUBER</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>70 LYDECKER STREET</b>		Square Feet <b>3506</b>	# of Floors <b>3</b>			
City (5) <b>ENGLEWOOD</b>		Bldg. Age <b>85 YRS</b>				
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>			
Street Address		Street Address <b>450 S. River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>12-17-12</b>	Scheduled Completion Date (11) <b>12-18-12</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>South Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) 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		
				Removal	Repair	Encapsulate
<b>KITCHEN</b>	<b>X</b>	<b>THERMAL INSULATION</b>	<b>51 LF</b>	<b>X</b>		
<b>2ND FLOOR BATH</b>	<b>X</b>	<b>THERMAL INSULATION</b>	<b>18 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>34 yd</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>12-18-12</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>R. Veldran</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>12-7-2012</b>			

ASB-41

\* Do not use this form for asbestos licensure exempted activities.



CK# 24984

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ASB-41  
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\* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 12 / 5 /12		Name of Building Owner/Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 HEALTH PLAZA City, State, Zip Code EAST HANOVER, NEW JERSEY 07936		Name of Contact PETER GEANNAKOPOULOS	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)  NOVARTIS - EAST HANOVER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HEALTH PLAZA City (5) EAST HANOVER County (6) MORRIS County Code (7) (STATE USE ONLY)		Square Feet 50,000 # of Floors 4 Bldg. Age 48 Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN ENVIRONMENTAL Street Address 1600 ROUTE 22 EAST City, State, Zip Code UNION, NEW JERSEY 07083		ASCM No. 17 Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm MICHAEL NEHLSEN Telephone Number 908-688-7800		Telephone Number 845-369-7500 License Number 460	
Expected State Date (10) 11 / 21 /12 Month Day Year		Sched. Completion Date (11) 12 / 5 /12 Month Day Year	
Name of OSHA Monitor QUALITY ENVIRONMENTAL			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: WEDNESDAY 2PM-11PM FRI., SAT., SUN.-7AM-3:30PM/4PM-12AM		Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR			
1ST FLOOR- MEZZANINE 1ST FLOOR- MEZZANINE MER ROOM - 2ND FLOOR		X SPRAY ON FIREPROOFING X FLOOR TILE X FIREPROOFING	
6,500 SF 8,500 SF 660 SF		X X X	
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTWN, NEW JERSEY 07840		NJDEP Waste Hauler ID No. 22147 Cubic Yards of Waste 150 Disposal Date 10/16/12 - 02/30/2013	
Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City, State WAYNESBURG, OHIO 44688		Signature Date 12/5/12	



<b>Date of Notification (1)</b> 11 / 19 /12			Name of Building Owner/Operator (2) <b>NOVARTIS PHARMACEUTICALS CORPORATION</b>						
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION						
Street Address <b>1 HEALTH PLAZA</b>			City, State, Zip Code <b>EAST HANOVER, NEW JERSEY 07936</b>						
Name of Contact <b>PETER GEANNAKOPOULOS</b>			Telephone Number <b>(Tel) 973-321-1100</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  <b>NOVARTIS -EAST HANOVER</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address <b>1 HEALTH PLAZA</b>			Square Feet <b>50,000</b>	# of Floors <b>4</b>	Bldg. Age <b>48</b>				
City (5) <b>EAST HAVER</b>	County (6) <b>MORRIS</b>	County Code (7) <b>(STATE USE ONLY)</b>	Current Use (Prior if being demolished) <b>VACANT</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN ENVIRONMENTAL</b>			ASCM No. <b>17</b>	Name of Abatement Contractor (9) <b>PAR ENVIRONMENTAL CORPORATION</b>					
Street Address <b>1600 ROUTE 22 EAST</b>			Street Address <b>313 SPOOK ROCK ROAD</b>						
City, State, Zip Code <b>UNION, NEW JERSEY 07083</b>			City, State, Zip Code <b>SUFFERN, NEW YORK 10901</b>						
Project Manager for Monitoring Firm <b>MICHAEL NEHLSEN</b>			Telephone Number <b>908-688-7800</b>	License Number <b>845-369-7500</b>					
Expected State Date (10) Month Day Year <b>11 / 21 /12</b>			Scheduled Completion Date (11) Month Day Year <b>2 / 30 /13</b>		Name of OSHA Monitor <b>QUALITY ENVIRONMENTAL</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: <b>WEDNESDAY 2PM-11PM FRI., SAT., SUN.-7AM-3:30PM/4PM-12AM</b>			Street Address <b>1376 ROUTE 9</b>						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encko <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR- MEZZANINE			X	SPRAY ON FIREPROOFING	6,500 SF	X			
1ST FLOOR- MEZZANINE			X	FLOOR TILE	8,500 SF	X			
MER ROOM - 2ND FLOOR			X	FIREPPROOFING	660 SF	X			
Name of Registered Waste Hauler <b>GLOBAL WASTE INDUSTRIES INC.</b>			NJDEP Waste Hauler ID No. <b>22147</b>	Cubic Yards of Waste <b>150</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES LLC</b>				
City, State <b>HACKETTWN, NEW JERSEY 07840</b>				Disposal Date <b>10/16/12 - 02/30/2013</b>	City, State <b>WAYNESBURG, OHIO 44688</b>				
Completed by (Print or Type) <b>BENJAMIN SANCHEZ</b>			Title <b>DIRECTOR OF OPERATIONS</b>	Signature 	Date <b>11/19/12</b>				



[illegible]



State of New Jersey  
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			<div style="text-align: right; font-weight: bold;">RECEIVED</div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			Street Address 1 HEALTH PLAZA			
			City, State, Zip Code EAST HANOVER, NEW JERSEY 07936			2012 DEC 12 PM 3:39			
			Name of Contact PETER GEANNAKOPOULOS			Telephone Number [Redacted]			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)  NOVARTIS - EAST HANOVER						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
Street Address 1 HEALTH PLAZA						Square Feet 50,000	# of Floors 4	Bldg. Age 48	
City (5) EAST HANOVER		County (6) MORRIS		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT			
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN ENVIRONMENTAL				ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION			
Street Address 1600 ROUTE 22 EAST						Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code UNION, NEW JERSEY 07083						City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm MICHAEL NEHLSEN			Telephone Number 908-688-7800			Telephone Number 845-369-7500		License Number 460	
Expected State Date (10) 10 / 16 / 12		Month Day Year		Sched. Completion Date (11) 1 / 31 / 13		Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <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: MONDAY - FRIDAY 4 PM - 12:30 AM SATURDAY 12 PM-8 PM						Street Address 1376 ROUTE 9			
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input type="checkbox"/> Renovation						<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
1ST FLOOR - MEZZANINE			X	SPRAY ON FIREPROOFING	6,500 SF	X			
1ST FLOOR - MEZZANINE			X	FLOOR TILE	8,500 SF	X			
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET		NJDEP Waste Hauler ID No. 22147		Cubic Yards of Waste 100	Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E.				
City, State HACKETTWN, NEW JERSEY 07840		Disposal Date 10/16/12 - 01/31/2013		City, State WAYNESBURG, OHIO 44688					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 11/1/12				



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



No check

Date \_\_\_\_\_

RECEIVED  
2012 DEC 12 PM 3:58  
ASBESTOS CONTROL  
& LICENSING