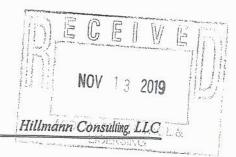
Date of Notification (1)		Michigan.	distant.		I NI===	f D. :!!d!:		10	(0)			-		3 3777
8/	22 /	19)		A CONTRACTOR			wner/Operator (untry Club	111	908-2479	Shk: #2	169	M II	The second
Agencies Notified ☑ EPA ☑ DOLWD	Type Notific ☐ Initial ☑ Amende				51	et Address 5 Springf			Control of the Contro	NO	V 13	2	019	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☑ DHSS	Amenda	107	6		35535	State, Zip						0720-3		C. L.
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(NJAC 5:23-8)	justificat	tion)			Nam	e of Contac	ct			Telephone	Number	SINC	ال	District G., or listens
	☐ Cancella	ation			Jo	hn Leshe	er		Lan	908-233	-9147			
					FA	CILITY IN	VFO	RMATION		V				
Name of Facility Where A	batement is	Taking	Place	e (3)					Type of Facility	(4)				
Echo Lake Country	Club								School (K-12					
Street Address									☐ Subchapter 8 ☑ Other (i.e., p	3 (Other than	K-12)	l buil	dinas	
515 Springfield Ave	nue								homes, etc.)		mnercia	Duli	unigs,	
City (5)									Square Feet	# of Floors	3	Bld	g. Age	
Westfield									20000	2		1	913	
County (6)			1		Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pri	or if being de	molisher	d)		
Union									Residential	9 5 4				
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
Hillmann Consulting	g, LLC						1	Asbestos and	d Mold Service	s, Corp.				
Street Address							Str	reet Address						
1600 Rte 22 East								PO Box 1239						
City, State, Zip Code							Cit	ty, State, Zip Co	de					
Bordentown, NJ 085	505						I	Delran, NJ 08	075					
Project Manager for Monit	oring Firm	-2700	T	Tel	ephone	No.	Te	lephone No.		License No	0.			
Mark Perlmutter				9	08-688	3-7800	6	609-702-0400		00862				
Start Date (10)		Sched	uled C	omple	etion Da	ite (11)	Na	me of OSHA M	onitor			10.5		
9 / 3 /	19	1	2 /	8	/	19	E	EMSL Analyti	cal, Inc.				20 50	
Occupancy Status During	Abatement (Check	only	one)				eet Address	4					
□ Facility Closed/Vacated					ment		N. S. S. S.	200 U.S. Rout	e 130 North					
Abatement Performed	Outside of No	ormal	Facility	y Hou	rs - Des			y, State, Zip Co						
Time of Abatement:	AM	PN	1/	_PM		AM								
Scope of Work (Check all	that apply)				Cinnaminson, NJ 08077									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	3 days - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		⊠ Re □ De											
			333	Loca							1	Abat	ement	Туре
Location o	3.	.		lorma	lly ely by		6. 4 4.545500	Description of		02-002-0-000-0-0-0-0-0-0-0-0-0-0-0-0-0-	-	-		
Asbestos-Containing M TO BE ABAT		"	Ma	intena	nce/			Containing Matermal systems in		Amount (Specify	9	Removal	Repair	Enclosure
IN Facility	,	- 1	Cust	odial (12)	Staff?		S	surfacing, VAT,	or	SF or LF) 3		Insc	sure
(13)		ŀ	Yes	No.	N/A	1	oti	her miscellaneo	us)				ate	
Phase 2B - added 11/7	//19				N/A	Floortile	e & 1	mastic (add'l	scope)	245 SF	D	<u>a l</u>		
Phase 2A - Starts 10/3	1/19					Floor til	e (a	dditional sco	pe)	730 SF		-		
Phase 2 - Starts 10/15/	19					SEE AT	TAC	CHED			D	3 [5	
Phase 1 - Windows 9/3	3/19 (DONE)						of debris from	m pipe 12LF		D	alı		ПП
Name of Registered Waste	Hauler				JDEP V	0/18/19 Waste		oic Yards of	Name of Regist	ered Landfill		-1,		
Waste Management				H	auler ID		Was		Grand Cent					
City, State				1	17273	,	Dist	posal Date	City, State					
Lafayette, NJ								2/8/19	Penn Argyl	e, PA				
Completed By (Print or Typ	ne)	Title						Signature			Date			-
Kaysi Gruner	105	Of	fice A	ssis	tant						1-10/09/05/01/1	7-	2019	1

Page 2 of 3



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

BASE BID 1: Asbestos Abatement

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
	LOWER LEVEL	/ BASEMEI	VT	
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (2" Pipe)	60 LF	3	\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (1" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall boward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF _	<u> </u>	\$
cocker Area "B' and Hall by Bath and Attendee Station, and N/West part of Locker area "C", and entire Locker area "D"	Floor Tile 9"x 9", Dark Brown & Associated Mastic, beneath Gold Carpet Mastic & Associated Carpet Tile*	2,300 SF _		\$
(OHREST CO. TO COMPANY)	MAIN LEV	EL		
eception, South Wall	Window Glaze	30 LF		\$_
onald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF		<u> </u>

Hase 1 -(clone)

Name of Contractor:	Signature: Go ccl/h
Printed Name: JUNUJMUHAYIUU	Date:

9

Page 3 of 3



ASSESSOS CONTROLE Hillmann Consulting, LLC

	UPPER I	LEVEL		
2 nd Floor Women's Locker Room	Gold Mastic and Carpet* and Tar Paper* on Plywood (Tar Paper is only in Hall by West Side Exit to Stairs)	900 SF		\$
2 nd Floor Women's Lounge	Mastic and Carpet* on top of Floor Tile 9"x9", Gray and Black in pattern and associated Mastic on Wood Substrate.	500 SF		\$
	ROOF	S		
Roof North and Northeast Side: Sloped and Flat Roof Except part of the Roof bove the Kitchen)	Roofing Felt on Wood Substrate	2,130 SF		
Roof Northeast: Chimney, and Round Vents	Flashing Cement	30 SF		
oof North Side Ducts by VAC Units	Duct Seal (Tar)	160 SF		
	Electric Panel (Connect/Dis	connect Cost:	
× .	4 .	Projec	t Filing Fees:	
		Base Bid	1 Total Cost:	:

Name of Contractor: AMJ	Signature: an a Millel
Printed Name: JANUS MULLAY MCG	Date: 11-21-19

1565.02

Date of Notification (1)			I Manua	CD 11.11	0 10 1	1 ""				111	111
Re-Court Service Servi					g Owner/Operator		NOV 1 a	2019			11
10 / 18 / 20	19		Jan	ssen Ph	armaceuticals	, Inc	1101	ZUIJ	l.	10-	1:
Agencies Notified Type Notificat	ion		Stree	et Address			Control Control of the State of the	lum rayou		1	
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DOLWD Amended Amendment			City,	State, Zip	Code		1,751,777, 1,751,1 1,1757, 1,1757,1	0			
2001			100000000000000000000000000000000000000	itan, NJ							
DCA Emergency justification	y (ii iciaai 1)	ng		e of Contac	et		Telephone Numb	ner .	_		
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			100000000				300 321-031		_		
Name of Equilib, Whore Abstract is To	Line Die	(0)	F.F	CILITY	FORMATION	-					
Name of Facility Where Abatement is Ta						Type of Facility	•				
JANSSEN PHARMACEUTICA	AL, IN	U Blo	dg OKT3			School (K-12	?) 3 (Other than K-12)				
Street Address							rivate and commer		uilding	as,	
1000 ROUTE 202						homes, etc.)					
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
RARITAN						>50,000	6				
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	ned)		Own DOC	
Hunterdon						-58					
Name of Monitoring Firm Hired by Buildin	ng Owne	r (8)	ASCM	l No.	Name of Abateme	ent Contractor (9)					
Environmental Health Investig	ations				Delta/BJDS,	Inc					
Street Address					Street Address						
655 West Shore Trail					1345 Indust	rial Blvd					
City, State, Zip Code					City, State, Zip Co	44.7 THE RESERVE OF THE PARTY.					
Sparta, NJ 07871					Southamptor						
Project Manager for Monitoring Firm		Te	lephone	No	Telephone No.	1, 1 a 10300	License No.				
respect menager for mornioring vinin		1 2 2 2 2 2		9-5649	215 322-290	20					
Start Date (10) Sc	heduled				Name of OSHA M		00783				
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		/ 31	_ ′	2019	N/A						
Occupancy Status During Abatement (Ch					Street Address						
Facility Closed/Vacated During Entire											
Abatement Performed Outside of Normal Time of Abatement: 7:00 AM-11:00	nal Facil	ity Hou	ırs - Des I-	S - Describe City, State, Zip Code							
Monday-Saturday			-	AM							
Scope of Work (Check all that apply)											
≥3 sf or ≥3 If	No	enova	tion	✓ Full Containment with Negative Pressure							
☑ ≥160 sf or ≥260 If		emoliti									
2004-00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				☐ Non-Exempted (*) and Non-Friable Procedure							
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Service Transport Group Inc	,	2	0990		B: 1B:	Minerva lan	aiii				37/2
	<u> </u>				Disposal Date	City, State					
58 Pyles Lane New Castle [DE					Waynesbu	rg, Ohio				
Completed By (Print or Type)	itle				Signature	2	Date	9			
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Date of Notification (1)				Name	e of Buildin	g Owner/Operator ((2)	77 ([34]				
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(NJAC 5:23-8) justificat	ion)	auunig			of Contac	t		Telephone	Number			
☐ Cancella	ation			Hard	old Mars	san		908 927				
				FA	CILITY IN	FORMATION		1000 027	0012			
Name of Facility Where Abatement is	Taking	Place	(3)		0.011111	a OrtalATION	Type of Facility	(4)				
JANSSEN PHARMACEUTIC				OKT3			School (K-1					
Street Address							☐ Subchapter	8 (Other than	K-12)			1
1000 ROUTE 202							Other (i.e., phomes, etc.	onvate and cor	nmercial	building	js,	
City (5)							Square Feet	# of Floors	;	Bldg. A	ge	
RARITAN							>50,000	6				
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being de	molished)		\neg
Hunterdon												
Name of Monitoring Firm Hired by Build			3)	ASCM	No.	Name of Abateme)				\neg
Environmental Health Invest	igatio	ons				Delta/BJDS,	Inc					
Street Address						Street Address						
655 West Shore Trail						1345 Indust						
City, State, Zip Code Sparta, NJ 07871						City, State, Zip Co						
Project Manager for Monitoring Firm			Tala			Southampton	i, Pa 18966					
roject warager of workloning Fiffi				phone		Telephone No.	20	License N	0.			
Start Date (10)	Schodu	led Co			0-5649 te (11)	215 322-290 Name of OSHA M		00783				
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Occupancy Status During Abatement (_ : :		N/A					-	
☐ Facility Closed/Vacated During Entil				nonf		Street Address						
Abatement Performed Outside of No	ormal F	acility	Hour	s - Des	cribe	City, State, Zip Co	de					
Time of Abatement: 7:00 AM-11:0	O PM		_PM-		AM	Oity, State, Zip Co	de					
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf			☐ Full Containment with Negative Pressure									
☑ ≥160 sf or ≥260 lf		☑ Ren ☑ Den			Mini-Enclosure Glovebag Procedure							
				Non-Exempted (*) and Non-Friable Procedure								
¥ 00 2			ocati	on Abatemer							ent Ty	/pe
Location of Asbestos-Containing Material (ACM	,		Sole Sole		Asha	Description o	f		2	מונ	m	-
TO BE ABATED	"	Mair	ntenar	ice/	(l.e.	stos Containing Ma	insulation.	Amount (Specifi	, 9	epa	33	nclo
IN Facility (13)		Custo	(12)	tarr/	ff? (i.e., trieffial systems insulation, (Specify 5 surfacing, VAT, or SF or LF) 5							Enclosure
(10)	F	Yes	No	N/A	1	other miscellaned	ous)				ate	
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Name of Registered Waste Hauler				DEP V	Macta	Cubic Yards of	Name of D	abarra d I terri	[1		
Service Transport Group II	no		Ha	uler IC	01000001000100001	Waste	Name of Regis					
City, State	110		20	990		Type text here	Minerva la	nanii				
58 Pyles Lane New Castle	ח					Disposal Date	City, State					
Completed By (Print or Type)	Title					1 Ol #	Waynesb	urg, Ohio				
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	×	200SF	Floor Tile and Mastic	×	Room 102A & 102 C
	×	600SF	Floor Tile and Mastic	×	Room 102 & Foyer Outside
				TES NO N/A	OKT3-Bldg
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		SF OR LF	(IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?	MATERIAL (ACM) TO BE ABATED IN FACILITY
REPAIR ENCAPSULATE ENCLOSURE	REMOVAL	AMOUNT	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM)	IS LOCATION NORMALLY	ASBESTOS-CONTAINING

1565-02

Date of Notification (1)					Nan	ne of Buildin	ng Owner/Operator	(2)	11'				11 1			
10 / 18	<u> </u>	2019			1		narmaceutical		NOV V	3 2	019	177	11.1			
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Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)							
JANSSEN PHARM	ACEUTI	CAL,	INC	Blo	g OKT3	(A)		School (K-12	2)							
Street Address			100					☐ Subchapter 8	Other than K-1:	2)	25000					
1000 ROUTE 202	<u> </u>							homes, etc.)	rivate and comme	ercial b	uilding	js,				
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County (6)					Cou	inty Code ((STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)						
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Name of Monitoring Firm				8)	ASCN	1 No.		ent Contractor (9))							
Environmental Hea	ith invest	tigation	ons				Delta/BJDS,	Inc								
	C 11						Street Address									
655 West Shore 7 City, State, Zip Code	raii						1345 Indus									
Sparta, NJ 07871							City, State, Zip C			-						
Project Manager for Monito							Southamptor	n, Pa 18966								
r roject warrager for Monito	onng Firm			1	ephone		Telephone No.		License No.							
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117 / 1 / 2					etion Da /	ate (11)	Name of OSHA N	Monitor								
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Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abater							Street Address									
Abatement Performed (Dutside of No	omal F	acility	Hou	ment 's - De	cribe										
Time of Abatement: 7:0	0 AM- 11:0	00_PM	/	PM-		S - Describe City, State, Zip Code										
Scope of Work (Check all t	Monday-Sature	rday														
in the second second	nat apply)					☑ Full Containment with Negative Pressure										
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Asbestos-Containing M. TO BE ABAT	aterial (ACM	1)		Sole	ely by	Asbes	Amount	Removal	Repair	Enc	Enc					
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58 Pyles Lane Nev	w Castle	DE						Waynesbu	ra Ohio							
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CR 44		1 100	. Au	11111	I.		LAM	elold //	110)/18/	2019)				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 1565.02 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc Agencies Notified Type Notification Street Address ☑ EPA ✓ Initial 1000 Route 202 ☑ DOLWD Amended City, State, Zip Code ☑ DOH Amendment # Raritan, NJ Emergency (including □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Harold Marsan 908 927-6912 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JANSSEN PHARMACEUTICAL, INC Vivarium Bldg School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, 1000 ROUTE 202 homes, etc.) City (5) Square Feet # of Floors Bldg. Age RARITAN >50.000 6 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hunterdon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Health Investigations Delta/BJDS, Inc. Street Address Street Address 655 West Shore Trail 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 Southampton, Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973 729-5649 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor _ / _1 / 2019 / 31 / 2019 N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-11:00 PM/ Monday-Saturday Scope of Work (Check all that apply) ✓ Full Containment with Negative Pressure
 ✓ Mini-Enclosure
 ✓ Glovebag Procedure ≥3 sf or >3 If ☑ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A П X See Attach П X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport Group Inc Minerva landfill 20990 City, State Disposal Date City, State 58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type) Title Signature Date Christine Del Viscio Asst. Admin 11/7/2019

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LOCATION-OF	75	IS LOCATION	TION	DESCRIPTION OF	AMOUNT	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
ING	NC	NORMALLY	רא	ASBESTOS CONTAING MATERIAL (ACM)	SPECIFY				
MATERIAL (ACM)	USED	USED SOLEY BY	BY	(IE, THERMAL SYSTEMS INSULATION	SF OR LF				
IN FACILITY	CUSTO	CUSTODIAL STA	CUSTODIAL STAFF?	OTHER MISCELLANEOUS)					
			No.						
	YES	ON	N/A						The second secon
VIVARIUM BLDG. First Floor	-								
Throughout and exterior		×		Wall seam with caulk	15LF	×			
Bridge Connecting Virarium		I		Window Could and Clouing	7261	1			
w/Bldg B		×				;			
Room 100		×		Sealant on bottom of Sink	16SF	×			
Room ADJ to Room 123		×		Floor Tile and Mastic	180SF	×			
Corridor 130		×		Floor Tile and Mastic	700SF	×			
Room 163		×		Floor Tile and Mastic	130SF	×			
Room 165		×		Floor Tile and Mastic	130SF	×			
Office/Corridor Outside Rms									
165 & 168		×		Floor Tile and Mastic	250SF	×			
Room 166		×		Floor Tile and Mastic	150SF	×			
Corridor 185		×		Floor Tile and Mastic	750SF	×			
Corridor 191		×		Floor Tile and Mastic	2000SF	×			
Corridor 192		×		Floor Tile and Mastic	200SF	×			
Corridor 193		×		Floor Tile and Mastic	400SF	×			
Corridor 194		×		Floor Tile and Mastic	400SF	×			
Corridor 195		×		Floor Tile and Mastic	400SF	×			
Corridor 196		×		Floor Tile and Mastic	400SF	×			
Back Corridor from rooms			-						
							_	_	-

Room 100 w Bldg B **Bridge Connecting Vivarium** 148-152 Corridor for rooms 145 &147 & Cage wash Corridor for rooms VIVARIUM BLDG. First Floor MATERIAL (ACM) IN FACILITY ASBESTOS-CONTAINING LOCATION OF TO BE ABATED C NOV YES NO N/A CUSTODIAL STAFF? MAINTENANCE/ USED SOLEY BY NORMALLY IS LOCATION × Floor OTHER MISCELLANEOUS) Floor Floor tile and Mastic Floor tile and Mastic SURFACING, VAT, OR ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION tile and Mastic tile DESCRIPTION OF and Mastic 100SF 400SF 400SF 400SF SF OR LF AMOUNT SPECIFY × REMOVAL REPAIR ENCAPSULATE ENCLOSURE

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1202.01			(P	ursua	nt to NJ	AC 8:60 and 5:1	6)								
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	NOV -	3 1	1019		111/			
10 / 18	/ 2019			Jan	ssen Ph	armaceuticals	Inc								
	Notification				et Address		, 1110	/Sback105	e .	1.1	1 51	ž.			
☑ EPA ☐ Ini				100	0 Route	202	į	LIGE		unsi S	Lo S.S.				
	nended nendment #	1		City,	State, Zip	Code	- Inn cate	and the Artist of the state of	ed + 2 rag ex + 10	M ₂ * ₄ Telephone II I	and hopers or on	Car + mar or			
	nergency (ir		0	Rar	itan, NJ										
(NJAC 5:23-8) jus	stification)		9	Name	e of Contac	ot .		Telephone Numb	per						
☐ Ca	incellation	2000000		Har	old Mars	san		908 927-691							
				FA	CILITY IN	NFORMATION									
Name of Facility Where Abatem	ent is Takin	g Place	(3)				Type of Facility (4)				-			
JANSSEN PHARMACE	UTICAL	, INC	Viv	ariur	n Bldg		School (K-12								
Street Address							Other (i.e., pr	(Other than K-12)) cial bi	ildina	is				
1000 ROUTE 202				-11007007-1107-11			homes, etc.)								
City (5) RARITAN							Square Feet	# of Floors	BI	dg. A	ge				
County (6)							>50,000	6							
Hunterdon				Cou	nty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)						
Name of Monitoring Firm Hired b	u Duilding /	2	(0)	10011	N	T									
Environmental Health In			(0)	ASCM	No.		ent Contractor (9)								
Street Address	vestigati	10112				Delta/BJDS,	Inc								
655 West Shore Trail						Street Address 1345 Indust	wiel Dhad								
City, State, Zip Code						City, State, Zip Co									
Sparta, NJ 07871						Southamptor									
Project Manager for Monitoring F	irm		Tele	ephone	No	Telephone No.	1, 1 a 10300	License No.							
					9-5649	215 322-290	വ	00783							
Start Date (10)	Sched	duled C			ite (11)	Name of OSHA M		100705		100		-			
11 / 1 / 2019				/		N/A	V.								
Occupancy Status During Abater	nent (Chec	k only o	one)			Street Address			10.000						
☐ Facility Closed/Vacated Durin	g Entire Per	riod of	Abate												
Abatement Performed Outside	of Normal	Facility	/ Hou	rs - Des	- Describe City, State, Zip Code										
Time of Abatement: 7:00 Al	vi-11:00 Ph ay-Saturday	VI/	_PM		AM										
Scope of Work (Check all that ap	ply)				Πσ. ()										
≥3 sf or ≥3 lf		☑ Re	novat	ion	☐ Full Containment with Negative Pressure										
≥160 sf or ≥260 lf		-	moliti		Glovebag Procedure										
					✓ Non-Exempted (*) and Non-Friable Procedure										
Location of		100000	Loca: lorma		. 1						ent T	уре			
Asbestos-Containing Material	(ACM)	Use	d Sol	ely by	Asbe	Description o stos Containing Ma	terial (ACM)	Amount	Re	Re	E	Ē			
TO BE ABATED IN Facility			intena odial	nce/ Staff?		., thermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure			
(13)			(12)			surfacing, VAT, other miscellane					Encapsulate	ure			
		Yes	No	N/A							ē				
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		П	П												
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	THE THE STATE OF										Ш	Ш			
News of Davids and Mark Hard			Ц		<u> </u>										
Name of Registered Waste Haule			100	JDEP \ lauler II		Cubic Yards of Waste	Name of Regist								
Service Transport Gro	up Inc			0990		The second second	Minerva lan	dfill	<u> </u>						
City, State	624 25:50	2			11	Disposal Date	City, State								
58 Pyles Lane New Ca							Waynesbu	rg, Ohio							
Completed By (Print or Type)	Title)				Signature	1 2 4	/ Dat	e						
Christine Del Viscio	As	st. A	dmii	1		1 Chins	Inel VI	Vener 10	/31/2	2019	019				

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Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)					-
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Agencies Notified	Type Notifi	ication		-		et Address	-arriadoanoan	3, 1110	1		20	19	11
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☑ DOH □ DCA	☐ Emerge		cludin	a	100000	itan, NJ		7.	The second section of the	DENS	NG.	J	br _{mal} , e.g.,
(NJAC 5:23-8)	justifica	ation)	o.uu.ii	9	Nam	e of Contac	ct		Telephone Num	her			
	☐ Cancell	lation			Har	old Mars	san		908 927-69				
					FA	CILITY	NFORMATION						
Name of Facility Where	Abatement is	Taking	Place	e (3)				Type of Facility	(4)				
JANSSEN PHARI	MACEUTI	ICAL,	INC	Viv	ariur	n Blda	1.5	School (K-12	2)				
Street Address							- 11		8 (Other than K-12			298	
1000 ROUTE 20)2							homes, etc.)	rivate and comme	rcial bu	ııldıng	s,	
City (5)			-3.7					Square Feet	# of Floors	Blo	dg. A	ge	
RARITAN								>50,000	6				
County (6)					Cou	nty Code (7	(STATE USE ONLY)		ior if being demoli	shed)			
Hunterdon									•				
Name of Monitoring Firm				(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Environmental He	alth Inves	stigation	ons				Delta/BJDS,	Inc					
Street Address	Sente of the sentence of the s						Street Address						
655 West Shore	Trail						1345 Indust	trial Blvd					
City, State, Zip Code							City, State, Zip C	ode					
Sparta, NJ 07871							Southamptor	n, Pa 18966					
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.		License No.				
						9-5649	215 322-29	00	00783				
Start Date (10)						ite (11)	Name of OSHA N	Monitor					
117 / 1 /	2019	12	/	31	/	2019	N/A	5.5					
Occupancy Status During							Street Address						
Facility Closed/Vacate	ed During Ent	tire Peri	od of	Abate	ment								
Abatement Performed	Outside of N	Normal I	Facility	y Hou	rs - Des		City, State, Zip Co	ode					
Time of Abatement: 2	Monday-Satu		/	_PM		AM.							
Scope of Work (Check al	I that apply)												
≥3 sf or ≥3 If			☑ Re	novat	ion		☑ Full Con	tainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf				moliti			☐ Gloveba	g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
				Loca Norma						Aba	ateme	ent Ty	уре
Location Asbestos-Containing		M)			ely by	Acha	Description o stos Containing Ma	of		D.	R	ш	ш
TO BE ABA	ATED	,		intena		(i.e	., thermal systems	insulation,	Amount (Specify	Removal	Repair	cap	ıclo
IN Facili (13)	ty	-	Cusi	(12)	Staff?		surfacing, VAT		SF or LF)	va	7	Encapsulate	Enclosure
(15)			Yes	No	N/A		other miscellane	ous)				ate	
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				Ш									
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Name of Registered Was	te Hauler			IN	JDEP \	Vaste 1	Cubic Yards of	Name of Regist	tered Landfill		니		Ш
Service Transpor		Inc			lauler II		Waste	Minerva lar					
City, State	. Oloup I	1110		2	0990		Disposal Data		iuilli				
	ou Cootle	- DE					Disposal Date	City, State					
8 Pyles Lane No								Waynesbu	ırg, Ohio				
Completed By (Print or Ty		Title	152 mm				Signature	1	Da	ite			
Christine Del Vise	CIO	Ass	t. A	dmi	1		11 Vant	Tald XV	12-5 10)/18/2	2019	9	

		_	×	1000SF	Floor Tile and Mastic	×	Corridor Outsite Rms 137 to144
	-	-	×	1000SF	Floor Tile and Mastic	×	193 to 197
							Back Corridor from rooms
		\dashv	×	400SF	Floor Tile and Mastic	×	Corridor 196
	***************************************		×	400SF	Floor Tile and Mastic	×	Corridor 195
		-	×	400SF	Floor Tile and Mastic	×	Corridor 194
			×	400SF	Floor Tile and Mastic	×	Corridor 193
	1	+	×	200SF	Floor Tile and Mastic	×	Corridor 192
			×	2000SF	Floor Tile and Mastic	×	Corridor 191
		\dashv	×	750SF	Floor Tile and Mastic	×	Corridor 185
			×	150SF	Floor Tile and Mastic	×	Room 166
		-	×	250SF	Floor Tile and Mastic	×	165 & 168
							Office/Corridor Outside Rms
		-	×	130SF	Floor Tile and Mastic	×	Room 165
			×	130SF	Floor Tile and Mastic	×	Room 163
	1		×	700SF	Floor Tile and Mastic	×	Corridor 130
		_	×	180SF	Floor Tile and Mastic	×	Room ADJ to Room 123
	+	4	×	16SF	Sealant on bottom of Sink	×	Room 100
						×	w/Bldg B
	+		×	72SF	Window Caulk and Glazing		Bridge Connecting Virarium
			×	15LF	Wall seam with caulk	×	Throughout and exterior
	-			ri (kidrigerang)			VIVARIUM BEDG. First Floor
		_			A		YES
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						MAINTENANCE/ CUSTODIAL STAFF?	2019 - 1 KOL &
_0	************	_		SPECIFY	ASBESTOS (NORMALLY USED SOLEY BY	ASBESTOS-CONTAINING MATERIAL (ACM)
SULATE ENCLOSURE	REPAIR ENCAPSULATE	REMOVAL REF	REMO	AMOUNT	DESCRIPTION OF	IS LOCATION	LOCATION OF

w Bldg B Room 100 **Bridge Connecting Vivarium** Corridor for rooms Corridor for rooms 145 &147 & Cage wash VIVARIUM BLDG. First-Floor TO BE ABATED 148-152 MATERIAL (ACM) ASBESTOS-CONTAINING LOCATION OF IN FACILITY 0 2019 YES NO N/A MAINTENANCE/ USED SOLEY BY CUSTODIAL STAFF? OTHER MISCELLANEOUS) NORMALLY IS LOCATION × × Floor Floor Floor tile and Mastic Floor SURFACING, VAT, OR (IE, THERMAL SYSTEMS INSULATION ASBESTOS CONTAING MATERIAL (ACM) tile tile tile and Mastic DESCRIPTION OF and Mastic and Mastic 100SF 400SF 400SF 400SF SF OR LF SPECIFY AMOUNT × × × REMOVAL REPAIR ENCAPSULATE ENCLOSURE

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 19 FCA USA LLC Street Address Agencies Notified Type of Notification 800 CHRYSLER DRIVE **EPA** 1 Initial City, State, Zip Code DEP Amended AUBURN HILLS, MI 48326 1 DOH Amendment # Name of Contact Telephone Number 1 DOL Emergency w/ justification MELISSA MICHAELS 248-512-31525 CONTROL & Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FCA ENGLEWOOD CLIFFS School (K-12) Street Address Subchapter 8 (Other than K-12) 340 SYLVAN AVENUE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** ENGLEWOOD CLIFF BERGEN 3,000 40 ± Current Use (Prior if being demolished) VACANT Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) Northstar Contracting Group Inc Street Address Street Address 55 Lane Road 32 Williams Parkway City, State, Zip Code Fairfield NJ 07004 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number East Hanover NJ 07936 Ben Sallemi 973 774 3311 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 12 19 9737723660 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of Northstar Contracting Group Inc Abatement Street Address Abatement Performed Outside of Normal Facility 32 Williams Parkway Hours - Describe: Other - Describe: __ 8AM - 4PM - MON - FRI City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure 7 ≥160 sf or >260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) E Amount R N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P (13)by Mainor other miscellaneous) V P A 0 tenance/ S Α S Custodial L R U U Staff (12) R YES NO N/A **BLDG 340 EXTERIOR SOFFIT** TRANSITE 300 SF 1 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards GRAND CENTRAL SANITARY LANDFILL 4509 of Waste City, State Disposal City. State NEWARK, NJ Date PEN ARGILE, PA Completed by (Print or Type) Title Signature Date Paul Mast VICE PRESIDENT 11/08/19 ASB-41

INV#12278

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 07/15/2019 Montclair State University Check 006373 Agencies Notified Type Notification Street Address NOV 2019 1 Normal Ave EPA Initial DEP Amended City, State, Zip Code X DOL ASBESTOS CONTROL & Amendment # Montclair, NJ 07403 Emergency (including DOH Name of Contact justification) Telephone Number DCA Shaton Mahoney Cancellation 973-655-3202 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Montclair University - College Hall School (K-12) Street Address Subchapter 8 (Other than K-12) 1 Normal Ave X Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Montclair 118,000 County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Executive Administrative Offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Detail Associates, Inc. Hazmat Diagnostic LLC Street Address Street Address 560 Sylvan Ave., Suite 3065 16 Glenwild Ave City. State. Zip Code City, State, Zip Code Englewood Cliffs, NJ 07632 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Stephen Jaraczewski 973 928 3995 01181 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/30/2019 08/30/2019 Hazmat Diagnostic LLC Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 16 Glenwild Ave Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 7:00am-3:30pm (Exterior work during renovation) Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A West Addition Doorway X Exterior Wall Plaster 100 SF X North Entrance 2nd Floor X Exterior Wall Plaster 160 SF X North Entrance 3rd Floor X Exterior Wall Plaster 232 SF X South Entrance West Stair Wall X Exterior Wall Plaster 100 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Hazmat diagnostic LLC/Newark Carting Inc. Fairless landfill 035440/4509 TBD City. State Disposal Date City, State Bloomingdale, NJ / Newark, NJ TBD Morrisville, PA Completed by Title Signature Date Deni Naumovski President 07/15/2019

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 11-8-19 FEDERAL REALTY INVESTMENT TRUST Agencies Notified Type Notification Street Address NOV 13 2019 1626 E. JEFFERSON STREET **EPA** Initial DEP × City, State, Zip Code Amended × DOL ASBESTOS CONTROL & Amendment #1 ROCKVILLE, MD 20852 Emergency (including LICENSING Name of Contact DOH justification) Telephone Number DCA Cancellation RIC WOODIE 301-998-8286 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BRICK PLAZA SPACE 19&SPACE 6 School (K-12) Street Address Subchapter 8 (Other than K-12) 100 CEDARBRIDGE AVENUE Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age BRICK 6000 1 +/-50 County (6) County Code (7) Current Use (Prior if being demolished) **OCEAN** (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) VERTEX COMPANIES PEPPER ENVIRONMENTAL SERVICES Street Address Street Address 700 TURNER WAY 2251 FRALEY STREET City, State, Zip Code City, State, Zip Code **ASTON, PA 19014** PHILADELPHIA, PA 19137 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. DON HEIM 610-787-0402 215-533-5155 01166 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11-4-19 11-30-19 VERTEX COMPANIES Occupancy Status During Abatement (Check Only One) Street Address 700 TURNER WAY Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: **ASTON, PA 19014** Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? Removal In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A RETAIL AREA X 9" FT AND MASTIC 1200SF RETAIL AREA X RESIDUAL MASTIC 400SF X **EXTERIOR** X TRANSITE PANELS 400SF SP 6 COLUMNS AND WALLS X MIRROR MASTIC 350SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP **MINERVA** City, State Disposal Date City, State YARDLEY, PA LIBSON, OH Completed by Title Signature Date JENNIFER NIVEN . DIR. OF OPERATIONS

Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 11/7/19		nave - Do-			of Building Owner dy Dardignac	/Operato	r (2)	i i		NOV 1	3 20)19	And Street, 2
Agencies Notified	Type Notificatio	n			Address				~	r in mount	torione Stricture	· · · · · · · · · · · · · · · · · · ·	j
EPA DEP DOL DOH DCA	Initial Amended Amendmen Emergency justification	y (includir	ng	Norti	State, Zip Code h Plainfield, NJ of Contact	07060			** ************************************	LICEN	SHA	riCJL. (Šž
	☐ Cancellation				ly Dardignac	TION					-		
Name of Facility Where	Abatement is Taki	ing Place	(3)	IA	JILIT INFORMA	IION	Тур	e of Facility (4)				
Residential Home Street Address City (5)							 	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other tha	an K-12) nmercial b	uilding	s, hom	es,
North Plainfield							Squ 180	are Feet 00	# of Floo	ors	Bldg. 65+/	Age /_	
County (6) Somerset				County (STATE	Code (7) USE ONLY)		Curr	rent Use (Prio sidential H	or if being de	emolished		7)	
Name of Monitoring Firr Project Manager	m Hired by Building	Owner (8	3)	ASC	M No.	Name	of Ab	atement Con	tractor (9)				
Street Address						Street	Addre	527 67 St					
City, State, Zip Code						City, S	tate, 2	idland Ave Zip Code rook, NJ 0					
Project Manager for Mor	nitoring Firm			Telepho	one No.	Teleph 201-	one N	Vo.	Lice	ense No.			
Start Date (10) 11/9/19		11/12	/19	mpletion	Date (11)			HA Monitor	010				
Occupancy Status Durin			300			Street	Addre	ess		210-20-0			
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of nal Facilit	Abater y Hour	nent s		City, St	tate, Z	Ip Code			70		
Scope of Work (Check A	II That Apply)												-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli			×	Min	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure			re	
Location	ı of		S Locat Normal	ly	Des	scription					Abat	ement ype	
Asbestos-Containing TO BE AB/ In Facili (13)	ATED	ed Sole aintena todial s (12)	nce/	Asbestos Cont (i.e. thermal surfac	aining Ma	aterial insula , or	I (ACM) ation,	Amount (Specify SF or LF	/ 20	Repair	Encapsulate	Enclosure	
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Basem	ent		х			VAT			613 SF	×			
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ame of Registered Was	te Hauler		IN	JDEP W	aste Cubic	Varda	-03-27-	Name of De					

All Stages Abatement City, State

NJDEP Waste Hauler ID No. 0036592

Cubic Yards of Waste 3 YD

Disposal Date

TBD

Name of Registered Landfill

City, State

Pen Argyl, PA

Grand Central Sanitary Landfill

Saddle Brook, NJ Completed by

Title President

Signature

Date 11/7/19

Richard Cristofol

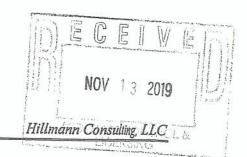
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VI 100 1 100	00	NOT	(Pursua	State of Ne ON OF ASE nt to NJAC	BESTOS 8:60 an	ABATE d 12:12	20)	Same of the same o		ara erababare, da	E		y 1	5	And the state of t
Date of Notification (1) 11/8/19				of Building Rust	Owner/0	Operato	r (2)			MOV	13	2()19	111 Alleganization	Laure de
Agencies Notified Type Notificati I per Initial Amended Amendment	ent # <u>1</u>		City, S	Address State, Zip Co casunna,		376			ASS		is or Ensi			- <u>}</u>	- 18 - 18 - 12 - 1
DOH justification Cancellati	n)	ng	Name	of Contact Rust					Te	lephon	e Num	ber		-	
Name of Facility Where Abatement is Ta	king Place	(3)	FAC	CILITY INFO	ORMATI	ON	Type	of Facility	(4)						
Residential Home Street Address City (5)								School (K- Subchapte Other (i.e.	-12) er 8 (Oth	er thar & comr	n K-12) mercia) I buil	dings	, hor	nes,
Succasunna							Square 2100	e Feet	# 0	f Floors	S	- 11	3ldg. /	270	
County (6) Morris			County (STATE	Code (7) USE ONLY))		Currer	nt Use (Pr	rior if bei	ing den	nolishe)0+/-		
Name of Monitoring Firm Hired by Buildin Project Manager Street Address	g Owner (a	3)	ASC	M No.				ement Co Abatem		(9)					
Street Address				No.			Address	s land Av							
City, State, Zip Code						City, S	tate, Zip						_		
Project Manager for Monitoring Firm			Telepho	one No.			one No.		07000		se No.		-		
Start Date (10)			mpletion	Date (11)			600-31 of OSHA	184 A Monitor		0130)5				
Occupancy Status During Abatement (Che	11/15														
Facility Closed/Vacated During Entire Abatement Performed Outside of Noi Other – Describe: 8 A.M to 4 P.M	Period of	Ahater	nent s			5	Address ate, Zip								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glove	Containmo Enclosure ebag Prod Exempted	e cedure						
	Locati							- () ((1))	110111	Trable		Abate	men	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenar todial S (12)	ly by nce/	(i.e. ti	os Conta hermal s	ystems ng, VAT	aterial (A insulation) , or	ACM)	(Sp	nount pecify or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									/al	=	ilate	ure
Main Basement Area		Х			١	/AT			23	1 SF	x				
Storage Room		Х			\	/AT			12	1 SF	X				
lame of Registered Waste Hauler		100000	JDEP W	333333	Cubic Y	ards		Name of F	Register	ed Lan	dfill				
Il Stages Abatement ity, State		10.200	auler ID 036592	! .	of Waste		(Grand (Central			.and	dfill		
addle Brook, NJ				19 103	Disposal TBD	Date	1336	City, State Pen Arg							
completed by tichard Cristofol	Title Presi	dent			Sig	nature	11	1		5	Date 11/8	/19			

In # 15939 CKallos PAID NOT

Date of Notification (1)	A BAR	M.A.			N	ame of Bui	Iding Owner/Operato	r (2)	U III NU	14 13	201	9	11
/	7 /	/1	19	_			Rodman Cook		#1011 2514	Chi. #	1400	شيرية	- Aller
Agencies Notified	Type Noti	ification	n		S	treet Addre		7 300	#1911-2514	Cnk.#	168	OL 8	
⊠ EPA						neet Addre	33	1	CONTRACTOR OF STREET	Company of the State of the Sta	- Carlo		and of
⊠ DOLWD	☐ Amend				6	tu Ctata 7	- 0 1						
☑ DHSS	Amend					ity, State, Z	ABAN HOROGOVANIN						
DCA (NJAC 5:23-8)	☐ Emerg	jency (i	inclu	ding		Haddonfi							
	justifica Cancel					ame of Con	tact		Telephon	e Numbe	r		
	_ Caricei	liation				Above			1	_			
Name of Eaciliby Whom At-						FACILITY	INFORMATION					_	_
Name of Facility Where Aba Residential Property	atement is	s Takin	ng Pla	ace (3)			Type of Facil	ity (4)				
Street Address								School (K	-12)				
Street Address								Subchapte	er 8 (Other tha	n K-12)			
								homes, et	, private and c	ommercia	al build	ings,	
City (5)								Square Feet		re	Rida	Age	
Haddon Township								1600	2	15	67	Age	
County (6)					C	ounty Code	(7)(STATE USE ONLY)	Current Use (Prior if being d	omolisho	1.00		_
Camden							2010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 -	Residentia		en iolisile	u)		
Name of Monitoring Firm Hir	ed by Bui	ilding (Owne	er (8)	ASC	M No.	Name of Abateme						_
Horizon Enviromental							Asbestos an						
Street Address							Street Address	a moid Sei vid	ces, corp.				
PO Box 316							1835 Underw	and Dhud					
City, State, Zip Code			STATE				City, State, Zip Co						
Thorofare, NJ 08086													
Project Manager for Monitoria	ng Firm			To	lephon	o No	Delran, NJ 08	0/5					
Dave Flanigan				1		18-0800	Telephone No.		License N	lo.			
Start Date (10)		Schod	ulad			Date (11)	609-702-0400		00862				
11 /18 /1	9					19	Name of OSHA M						
Occupancy Status During Aba		Charle	-		<u> </u>		EMSL Analyti	cal, Inc.	20 93				
☐ Facility Closed/Vacated De	uring Enti	iro Doni	only	one)			Street Address						
Abatement Performed Out	side of No	omal F	oa o Facili	T Abate	ement		200 U.S. Rout						
Time of Abatement:	_AM	PM	/ /	PN	115 - DE -	AM	City, State, Zip Coo						
Scope of Work (Check all that		_					Cinnaminson,	NJ 08077					
	apply)												_
≥3 sf or ≥3 lf		0	⊠ Re	enovat	ion			inment with Ne	gative Pressur	e Encl	usu	(2)	
≥160 sf or ≥260 lf		Ī] De	emoliti	on		Glovebag	Juic		1000		•	
							Non-Exem Non-Exem	pted (*) and No	n-Friable Prod	edure			
Location of				s Loca Norma							batem	ent T	Tyr
Asbestos-Containing Mate	rial (ACM)	n		ed Sol			Description of				1	T	-
TO BE ABATED	('		intena		(i.e	stos Containing Mate ., thermal systems in	rial (ACM)	Amount	em	Repair	nc	
IN Facility (13)			Cus	todial (12)	Staff?		surfacing, VAT, o	r l	(Specify SF or LF)		₽	sde	
(10)		,	Yes	No	N/A	-	other miscellaneou	is)	/	=		Encapsulate	
asement		-	1100	1 10000		-						(0	
		L				Floor Ti	le & Mastic		290 SF		П	П	Г
asement						Floor Ti	le & Mastic (Doub	le Laver)	315 SF		-		-
		Г		П				, . ,	010 01	_		П	
		_			-								E
me of Registered Waste Hau				Ц								П	Г
	lier				JDEP \		Cubic Yards of	Name of Regist	ered Landfill			_	_
Waste Management					auler II 17273		Waste 5	Grand Cent					
y, State								City, State					
.afayette, NJ							11/19/19		o DA				
mpleted By (Print or Type)	1-	Title			_		. / \	Penn Argyl	e, PA				
aysi Gruner			00 A	ssist	ant.		Signature			Date	x (1000)		_
41		OIIIC	LE A	SSIST	arit		PA 1/			11-1-	19		
				-			s licensure exempted			11 1	1		

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Date of Notification (1)				Y (22 Y 22 E)	Name	of Buildin	g Owr	ner/Operator (2)	NEC.	FI	Ŵ	II.	1
8/	22 /	19			Ec	ho Lake (Coun	try Club	/ Job #1	908-2479 CI	rk. #216	9		
Agencies Notified	Type Notific	ation			Stree	t Address			readour -	7/1		0010		The same of
⊠ EPA	☐ Initial				518	5 Springf	ield A	Avenue	\$ 1.00 2.00 2.00 2.00	NOA	1 3	2019		1 2000
☑ DOLWD	Amender Amendm				City,	State, Zip (Code		-					
☑ DHSS □ DCA	☐ Emergen		MAGE 1	,	We	stfield, N	IJ 070	090	Î	L	7. A. C.	SHO	L &	5
(NJAC 5:23-8)	justificati		Jaamig	,	Name	of Contac	t			Telephone N			سيطالات.	al 6 aboles o
8 -0 00 048	☐ Cancella	tion			Jol	nn Leshe	r		25%	908-233-	9147	.,		70700747441115
					FA	CILITY IN	IFOR	MATION						
Name of Facility Where A	batement is 7	Taking	Place	(3)					Type of Facility					
Echo Lake Country	Club								School (K-12		. 40)			
Street Address									☐ Subchapter lower (i.e., p			uildina	S.	
515 Springfield Ave	nue								homes, etc.)			•		
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Westfield	-								20000	2		1913		
County (6)					Cour	nty Code (7)(STAT	E USE ONLY)	Current Use (Pr	ior if being dem	nolished)			
Union									Residential					
Name of Monitoring Firm		ding O	wner (8)	ASCM	No.	Access of the second		ent Contractor (9)					
Hillmann Consulting	g, LLC								d Mold Service	es, Corp.				
Street Address								et Address						
1600 Rte 22 East				-			1	O Box 1239						
City, State, Zip Code								State, Zip Co						
Bordentown, NJ 085								elran, NJ 08	075					
Project Manager for Monit	oring Firm			1	phone		100000000000000000000000000000000000000	phone No.		License No				
Mark Perlmutter				1000	08-688	and the same		9-702-0400		00862				
Start Date (10)	1			1.0	tion Da	100	Moresto	e of OSHA M	94 85 101					
9 / 3 /					_ / -	19_		/ISL Analyti	cal, Inc.	4		150	- 88	
Occupancy Status During							- ES - S	et Address						
☐ Facility Closed/Vacated						arib a			te 130 North					
Abatement Performed Time of Abatement:							1	State, Zip Co						1
72							Ci	nnaminson	, NJ 08077		110			
Scope of Work (Check all	that apply)							⊠ Full Cont	ainment with Neg	native Pressure				1
≥3 sf or ≥3 lf			⊠ Rer					☐ Mini-Encl	osure	gativo i 1000aio				
≥160 sf or ≥260 lf		I	Der	molitie	on			⊠ Glovebag	procedure mpted (*) and No	n-Friable Proce	adura			
		T	Is	Loca	ion	<u> </u>		EN HOII-EXCI	inpica () and ito	III-I Habie I Too		ateme	ant T	vne
Location of	of			lorma				Description of	f		-	_		-
Asbestos-Containing N		1)		d Sole	ely by		stos C	ontaining Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT			25975		Staff?	(i.e		mal systems i irfacing, VAT,		(Specify SF or LF)	ova	air I	nsdı	osui
(13)	r.	-		(12)		1		er miscellane		/	-		ilate	e,
			Yes	No	N/A									
Phase 2B - added 11/7	7/19				\boxtimes	Floortile	e & m	astic (add'l	scope)	245 SF	×			
Phase 2A - Starts 10/3	31/19					Floor til	le (ad	ditional sco	ope)	730 SF				
Phase 2 - Starts 10/15	/19					SEE AT	TACI	HED			×			
Phase 1 - Windows 9/	3/19 (DONE	()				Ph1A cl			m pipe 12LF					
Name of Registered Wast	e Hauler			1135	JDEP \	Vaste	Cubic	c Yards of	Name of Regis	stered Landfill				
Waste Management				F	17273	10.000	Wast	te	Grand Cen	ntral				
City, State			-		11415			osal Date	City, State					
Lafayette, NJ							12	/8/19	Penn Argy	le, PA				
Completed By (Print or Ty	pe)	Title					-	Signature			Date			-
Kaysi Gruner	5.0-18		fice A	ssis	tant						11-7	-21	19	

Page 2 of 3



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

BASE BID 1: Asbestos Abatement

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
	LOWER LEVEL	/ BASEME	NT	
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (2" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Pipe Insulation and Pipe Fitting Insulation (1" Pipe)	60 LF		\$
Locker Area "D" in N/West Corner Pipe Chase, Locker Area "D" above the Ceiling long the West Wall, and in the N/West Side of the locker Area "C", and Hall loward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF		.\$
ocker Area "B' and Hall by ath and Attendee Station, ad N/West part of Locker rea "C", and entire Locker rea "D"	Floor Tile 9"x 9", Dark Brown & Associated Mastic, beneath Gold Carpet Mastic & Associated Carpet Tile*	2,300 SF		\$
	MAIN LEV	EL		
ception, South Wall	Window Glaze	30 LF		\$_~
onald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF _		

Hase 1 — (chine)

Name of Contractor:	Signature: Cos CC1/4
Printed Name: JUNUSMUSSYLLY	Date:

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/12/2019 Salem Medical Center NOV 3 Agencies Notified Type Notification Street Address 310 Woodstown Road FPA Initial City, State, Zip Code OS CORTHUL & DEP Amended × DOL LICENSING Amendment # Salem, NJ 08079 Emergency (including Name of Contact DOH Telephone Number justification) DCA Jim Piper, Associate Vice President Cancellation 856-339-6004 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Salem Medical Center School (K-12) Street Address Subchapter 8 (Other than K-12) 310 Woodstown Road × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Salem 100,000 30+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Salem Medical Center Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Bluestone Environmental, Inc. PRISM Response, LLC Street Address Street Address 196 Beach Lake Highway 102 Technology Lane City, State, Zip Code City, State, Zip Code Honesdale, PA 18431 Export, PA 15632 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jack Jenkins 570-892-1075 7243253330 01121 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/25/2019 Bluestone Environmental, Inc. 11/29/2019 🖟 Occupancy Status During Abatement (Check Only One) Street Address 196 Beach Lake Highway Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Honesdale, PA 18431 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A PLEASE SEE ATTACHED X Cubic Yards Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Hauler ID No. of Waste Salem County Landfill Waste Management 40 SW1724 City, State Disposal Date City, State 11/29/2019 Camden, NJ Salem, New Jersey Completed by Title Signature Date 11/12/2019 Jessica Wolfe Admin. Support

nv# 15944

Inv# 15941

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-226	2.41		(Purs	uant to NJA	C 8:6	60 and 12:120)	:	AEG		W	51	7	
CK 5157	P	外侧				,				ly		Complete majorina	
Date of Notification (1)			f Building Ow ne Housing	ner/Operator (2 Authority	2)			NOV	3 2	019	Life To manage	-11	
Agencies Notified Type Notific	ation	Street A						A CONTRACTOR FOR	od w om nonejou			-	
DEP Amended		1810	Alberta Av.				İ	7831867 OU	ensitio	rich	da	İ	
DOL Amendment	#:	City, Sta	te, Zip Code					225-225-234	The order of the last of the l			- 1	
L Emergence	, [[Nepti	ine, NJ 077	53									
DOH (including justification)	Name of	Contact					Telepho	ne Numb	er			
DCA Cancellation	- 11	Josep	h Mauro					732-77	4-7692				
Name of Carlot			FAC	CILITY INFORM	IATIO	N							
Name of facility where abatement	is taking p	place (3)						Type of Facility		,			
Apartment Complex									ol (K - 12				
Street Address							-		napter 8 ((Private/0				
1444 Heck Ave. Unit #3								Bldgs.	/Homes,				
City (5)	I Cor	unty (6)					=	Square Feet	# of Floo	ors		Bldg. A	\ge
July (6)	000	anty (O)				unty Code (7) ate use only)			02		60		
Neptune, NJ 07753		onmouth	1		, , ,	ate ase omy		Current Use (P Residential	rior if bei	ng der	nolish	ied)	
Name of Monitoring Firm Hired by	Bldg. Owr	ner (8)		ASCM No.	Н	Name of Abatem	nent C						
Hillmann Consulting LLC			5	00023		D & S REST	ORA	TION INC					
Street Address					-	Street Address	-	11011, 1110.					
1600 US 22 East						20 California	a Ave	e.					
City, State, Zip Code						City, State, Zip Co	ode		Maria Carlo				
Union, NJ 07083						Paterson, N.	075	03					
Project Manager for Monitoring Firr	1		Phone Numb	per		Telephone Numb		(4)	License	Num	ber		-
Polina Pikes			908-688-78	300		973-345-80			(1169			
Start Date (10)	Sche	d. Compl	etion Date (1	1)		Name of OSHA							
11/18/19	11/3	0/2019				D & S Resto	ratio	n, Inc.					
Occupancy Status During Abateme	nt (Check	only one)				20 California	Ave	nue					
Facility closed/vacated during Abatement performed outside Describe:	entire per of normal	iod of aba	atement. ours-			City, State, Zip Co		nac					
Other-Describe: Facility Occ	pied Durin	g Abatem	ent		-	Paterson, NJ	0750	03	135				
Scope of Work (check all that appl	y)							ıll Containment w	/negative	nress	III		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation	on					_	ini-enclosure	mogativo	prose	uic		
≥160 sf or ≥260 lf	Demolitio	n						lovebag procedur		2120125753		20	
Location of	Is locatio	n normal	y used solely	/			No	on-Exempted (*)	and Non-	TR	proc	edure E	1
asbestos-containing	by mainte staff(12)	enance/c	ustodial	Descriptio	n of a	sbestos-containing	1	Amount		e	e	n	E n
material (acm) to be abated in facility (13)		Γ		material (A	ACM)	· ·	,	(Specify S	For	m o	p a	c	c
()	Yes	No	N/A					LF)		V	i	p	L
1st Floor Apartment		X		Wallboard &	& Join	nt Compound		550 SF		e	ń	П	I
st Floor Apartment		X		VAT & Mas	stic			520 SF		X		計	一
Crawl Space		X		Elbows.				38 Ea		X			
Crawl Space		X		ACM Mixed Deb	ris & S	oil TB Cleaned	-	600 SF		X			
egistered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Haule		ubic Yards of W	/aste	Name of Register							
City, State		700	Disposal D	0 yds ate			N, RI	ESOURCE RE	COVER	Y			-
PATERSON, NJ 07503						City, State TULLYTOW	N, P.	A					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature	50	gelu F		and the second s	Date 11/06/	19			

B & G proj. #:

2019-255



State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9715

		* 2						Cneck	(# 9715			
Date of Notification	(1)	11	Name of B	uildina Ow	ner/Operator (2	2)		In E	GE	1 11/1		ennem in.
1111/10 18				nt Mumn					GE	<u> W</u>		
Agencies Notified EPA	Type Notifica	ition	Street Addi	ess							- 1	1 1 1 1
☐ DEP	X Initial								NON 13	2019	- 1	115
X DOL	☐ Amend		City, State,			10						
	LI Amend			berg, NJ	07093			1 /89	ESTOS CO	istlik.		
X DOH	☐ Cance		Name of Co	ntact				Telepho	ne Number	343 	-87.w.y.	+
☐ DCA		iddon	Prasha	ant Mumi	midi							
PRESIDENT AND THE STATE OF THE				FAC	CILITY INFORM	IOITAN	N					
Name of facility wh	ere abatement	is taking pl	ace (3)					Type of Facility				
Prashant Mun	nmidi								ol (K - 12)	r than l	Z 12\	
Street Address								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	napter 8 (Other (Private/Com			
								Bldgs.	/Homes, etc.			
City (5)		Cou	nty (6)			Cou	inty Code (7)	Square Feet	# of Floors	"	ildg. A	\ge
Guttenberg, N	NJ 07093	Hu	dson			(Sta	ate use only)	Current Use (P	rior if being o	emolish	ied)	
Name of Monitoring	Firm Hired by	Bldg. Own	er (8)		ASCM No.	1	Name of Abatement C				_	
				d			B & G Restoration	on, Inc.				
Street Address		1					Street Address					
City, State, Zip Code	2						105 Ryerson Ro	oad	d-State of the state of the sta		-	
Oily, Glate, Zip Code							City, State, Zip Code Lincoln Park, N	J 07035				
Project Manager for	Monitoring Fire	n	PI	none Numb	per	-	Telephone Number		License Nu	mber		
	6						(973)696-6869		0037	8		
Scheduled Start Date	e (10)	Sched	. Completi	on Date (1	1)		Name of OSHA Monitor B & G Restoration					
11/21/2019			22/2019				Street Address	on, mc.				
Occupancy Status D							105 Ryerson Ro	ad				40.0
Facility closed	/vacated during rformed outside	entire peri	od of abate facility hou	ement.			City, State, Zip Code					
Describe: Other-Describ						-	Lincoln Park, N.	07035				
Scope of Work (che		v)										3
Demolition	X	Renovation	on			_	vrap & cut full Containment w/nega	ative pressure	Glovebag	proced	ure	
>3 sf or >3 if		≥160 sf or					/lini-enclosure	ilive pressure [Non-friab			
Location of			n normally	used solely	/			T			TE	1
asbestos-cont	aining		enance/cus		1	on of a	sbestos-containing	Amount	. e	e	n	E n
material to be abated in facili	ity (13)	Yes	No	N/A	material (ACM)	ĕ	(Specify S LF)	F or	1 5	a	C
Main Entrance I	(_1)	100	140						e		p	1
Main Entrance F	ialiway			X	mastic	-		44 sf	[2		님	卄
								-		╫	ዙ	ዙ
1-1-										+	H	卄
3										11	一	一
Registered Waste Ha B & G Restoration			P Hauler I 19563	D# C	ubic Yards of V	Vaste	Name of Registered L Grand Central L					
City, State Lincoln Park, N	J			Disposal D	ate /22/2019		City, State Pen Argyl, PA		3		2	
Completed by (Print	or Type)	Title			Signature		L		Date			
Gordana Luna		Secreta	ry/Treasu	ırer			Gordana Luna		11/08/2	019		

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TUN#	1582 AID	4		ICATION	ate of New Jerso I OF ASBESTOS to NJAC 8:60 ar	ABATE		ECE			Pr	Int.F
Date of Notification (1)			$\neg \neg$	Name o	f Building Owner/	Operato	(2)	HUY	0 6	:019	16	1 12 13 1 10 12 13 1
11/04/2019				Micha	el Fleres		į.	1			ł	
Agencies Notified T	ype Notification			Street A	ddress		Î	ASBESTOS C	ON	THOL.	 &i	
EPA DEB	Initial						lane year	LICENS	SINE	3	Want of the last	
DEP DOL	Amended Amendment	#			ate, Zip Code	60						
			g		stown, NJ 079	00		Telephone Nu	mhai			
DOH DCA	justification) Cancellation				el Fleres			Letebriotie M	IIID6	E.		
	_ Odriconation	-		12 400 - 30 00	LITY INFORMAT	ION	v					
Name of Facility Where Aba	stement is Takin	g Place ((3)				Type of Facility	(4)		757600		
Residental House							School (K-					
Street Address							Subchapte Other (i.e.	er 8 (Other than K-1 private & commerce	2) ial b	iildinas	. home	es.
							etc.)		nui be	1000		
City (5)							Square Feet	# of Floors		Bldg. A	Age	
Morristown, NJ							1904	2		119		
County (6)					Code (7) USE ONLY)		Residential I	rior if being demolis	nea)			
Morris County Name of Monitoring Firm Hi	rad by Duilding	Owner 10		ASCN		Namo	of Abatement Co					_
ABS Environmental S)	ASUN	ii NO.	000000000000000000000000000000000000000	Contruction, I					
Street Address	ervices, LLO						Address	LLO	_			
P.O Box 483							Market Street					
City, State, Zip Code					-	City, S	state, Zip Code					
Glenwood, NJ 07418						1	ield, NJ 07026	3				
Project Manager for Monitor	ing Firm		T	Telepho	ne No.	Telepi	none No.	License N	Vo.			
Scott Higgins					583-8500	201-	747-6313	01377				
Start Date (10)				npletion	Date (11)		of OSHA Monitor					
11/06/2019		11/22				1	L Analytical					
Occupancy Status During A	batement (Chec	k Only O	ne)	. !	§		Address					
Facility Closed/Vacated							W 38th St #9					
Abatement Performed Other – Describe:	Outside of Norm	iai racilit	y mours			1	tate, Zip Code v York, NY 10	018				
Scope of Work (Check All TI	hat Annly)					1464	V TOIN, NT TO	010	-,117			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	на Арріу)	and the same	Renova Demolit				Mini-Enclosur Glovebag Pro	- 10			е	
		ls	s Locati	on						1000	ement	t
Location of Asbestos-Containing Ma TO BE ABATE In Facility		Use	Normal ed Sole aintenal stodial S (12)	ly ly by nce/	Asbestos Con (i.e. therma surfa	systems	laterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova		Encapsulate	Enclosure
(13)			1		other	miscellar	eous)		val	=	ulate	ure
		Yes	No	N/A					1	-		_
First, Second and T	hird Floor		X		Remo	val of F	laster	Appr.4000 sf	X			

NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste Grows Landfill Atlantic Carting, LLC 26085 40 City, State Disposal Date City, State Wayne, NJ 11/22/2019 Morrisville, PA Date Signature Completed by Title 11/04/2019 Krste Veljanoski Owner

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT NOTIFICATION OF ASBESTOS ABATEMENT NAME STATEMENT NAME STATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) NOV 2019 11-6-19 Stepan Company Agencies Notified Notification Type Street Address 201 4th St ☐ EPA ASSESTOR COMMOL & Initial □ DEP XX Amended City, State, Zip Co X DOL Amendment # Fieldsboro, NJ 08505 ☐ Emergency (Including ☐ DOH Name of Contact Justification) Telephone Number □ DCA ☐ Cancellation T. Townsend 609-802-7880 FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Stepan East Building School (K-12) Street Address Subchapter 8 (other than K-12) 201 4th St XX Other (i.e. private & commercial buildings, homes, etc. City (5) Square Feet # of Floors Bldg. Age Feildsboro 10,000 50 County (6) County Code (7) (STATE Current Use (prior if being demolished) Burlington USE ONLY) industrial Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Harvard Environmental Inc. County Environmental Street Address Street Address 760 Pulaski Highway 461 New Churchmans Rd. City, State, Zip Code City State, Zip Code New Castle, DE 19720 New Castle, DE 19720 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number Wesley Morrison (302) 326-2333 (302) 322-8946 00578 Scheduled Start Date (10) Scheduled Completion Date Name of OSHA Monitor 11-20-19 11-23-19 County Environmental Occupancy Status During Abatement (Check only one) Street Address 461 New Churchmans Road XX Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Other - Describe: New Castle, DE 19720 Scope of Work (Check all that apply) Full Containment with Negative Pressure $X \ge 3$ sf or ≥ 3 If X Renovation X Mini-Enclosure Glovebag Procedure ≥ 160 sf or ≥ 260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Asbestos Containing Material (ACM) Used Solely by Amount Location of Maintenance/ (i.e. thermal systems insulation, (Specify Encapsulate Enclosure Asbestos-Containing Material (ACM) Remova Custodial surfacing, VAT, or Repair SF or LF) TO BE ABATED Staff? other miscellaneous) IN Facility (13) (12)Yes No N/A Exterior X asbestos cement siding panels 10 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Reg. Landfill Service Transport Grp ID No.20990 Waste Minerva City, State Disposal Date City, State New castle DE TBA Waynesburg OH Completed by Title Signature -Date Ben Hodgdon PM 11-6-19

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Date of Notification (1)					I NI		i. 0 io	11-100				111	
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☑ DOH	Amend		#		1,555.5	ty, State, Zip			ا را الرواح الر	1.45	de des diseas		
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(NJAC 5:23-8)	justifica	2002 1100			1	me of Conta			Telephone Num	ber			
	☐ Cancel	lation			H	arold Ma	rsan		908 927-69	12			
5						FACILITY	INFORMATION			(0)(1)			
Name of Facility Where A	batement is	Takir	ng Plac	ce (3)			Type of Facility	(4)				
JANSSEN PHARM	1ACEUT	ICAL	., INC	2	Bldg OK1	3		School (K-12	100				
Street Address								Subchapter	8 (Other than K-12	2)			
1000 ROUTE 202	2							homes, etc.)	rivate and comme	rcial l	ouildin	gs,	
City (5)					111.77			Square Feet	# of Floors	IF	Bldg. A	ne	
RARITAN								>50,000	6	1	nug. r	190	
County (6)				1.55400	С	ounty Code	(7)(STATE USE ONLY)		ior if being demolis	shed)			
Hunterdon									ior ir boing domoi.	or icu j			
Name of Monitoring Firm I				(8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
Environmental Hea	Ith Inves	tigat	ions				Delta/BJDS,						
Street Address							Street Address						
655 West Shore 7	Γrail						1345 Indus	trial Blvd					
City, State, Zip Code							City, State, Zip C						
Sparta, NJ 07871							Southampto						
Project Manager for Monito	oring Firm			T	elepho	ne No.	Telephone No.	11, 1 4 10000	License No.				
				9	73 7	29-5649	The state of the s	00	00783				
Start Date (10)		Sche	duled (Date (11)	Name of OSHA N	(5)(5)	00703				
<u>11 / 1 / 2</u>	2019						N/A						
Occupancy Status During	Abatement ((Chec	k only	one)		*	Street Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Aba	tement		0000071000						
☐ Abatement Performed (Outside of N	lorma	Facilit	v Ho	urs - D	escribe	City, State, Zip Co	nde					
Time of Abatement: 7:0	Monday-Satu	:00 PI	VI/	PI	M	_AM	ony, otato, zip of	540					
Scope of Work (Check all t	that apply)	luay	-										
≥3 sf or >3 If							☑ Full Con	tainment with Nega	ative Pressure				
☑ ≥160 sf or ≥260 lf			☑ Re				✓ Mini-End	losure g Procedure					
				,,,,	don		☐ Non-Exe	mpted (*) and Nor	-Friable Procedur	е			
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Location of				Norm	nally olely by		Description o						-
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(13)				(12	T	_	other miscellane	0.500000	Or Or Er y	=		Encapsulate	6
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Name of Registered Waste				1.0		Waste	Cubic Yards of	Name of Registe	ered Landfill				
Service Transport	Group I	nc			Hauler 20990	ID NO.	Waste	Minerva land	dfill				
City, State							Disposal Date	City, State					\dashv
58 Pyles Lane Nev	v Castle	DE						Waynesbur	ra Ohio				
Completed By (Print or Type	e)	Title	7. 2.				Signature	Trayllesbul	g, Office				-
Christine Del Viscio	0	Acc	st. Ad	dmi	in		11/2-0	- > D.	1		140		
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		·										Floor Tile and Mastic						ASBESTOS CONTAING MATERIAL (ACM)
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Date of Notification (1)				Nar	ne of Buildi	ng Owner/Operator	(2)	(1)			
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Name of Facility Where A	batement is Ta	aking Pla	ace (3)			THE OTHER PROPERTY.	Type of Facility	(4)			
JANSSEN PHARM	MACEUTIC	AL, IN	IC E	Blog OKT3			School (K-1)				
Street Address							☐ Subchapter	8 (Other than K-1	2)		
1000 ROUTE 202	2						M Other (i.e., p homes, etc.	private and comme	ercial b	uildings,	
City (5)							Square Feet	# of Floors	Ipi	dg. Age	
RARITAN							>50,000	6		ug. Age	
County (6)				Cou	inty Code (7)(STATE USE ONLY)		rior if being demol	iehad\		
Hunterdon								II DONING CIGNION	ioneu)		
Name of Monitoring Firm	Hired by Buildin	ng Owne	er (8)	ASCN	1 No.	Name of Abatem	ent Contractor (9))			
Environmental Hea	Ith Investig	ations	3			Delta/BJDS,		•			
Street Address						Street Address					
655 West Shore 7	Trail					1345 Indust	rial Rlvd				
City, State, Zip Code						City, State, Zip C					252-5
Sparta, NJ 07871						Southamptor					
Project Manager for Monit	oring Flrm		Te	elephone	No.	Telephone No.	1,1 4 10000	License No.			
			9	73 72	9-5649	215 322-29	nn	00783			
Start Date (10)	Sc	heduled				Name of OSHA M		100703			
11 / 1 /	2019			1		N/A					
Occupancy Status During	Abatement (Ch	neck only	y one)			Street Address					4
☐ Facility Closed/Vacated	During Entire	Period o	of Abai	tement							
Abatement Performed	Outside of Norr	mal Faci	lity Ho	urs - De	scribe	City, State, Zip Co	ode			-	
Time of Abatement: 7:0	Monday-Saturday		P	νI	_AM						
Scope of Work (Check all	that apply)										
≥3 sf or ≥3 lf			Renova	stion		☐ Full Cont	tainment with Neg	gative Pressure			
≥160 sf or ≥260 lf			Demoli			☑ Mini-Enc	losure g Procedure				
							mpted (*) and No	n-Friable Procedu	ıro		
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TO BE ABAT	ED	N	fainter	rance/	Asbe	stos Containing Ma ., thermal systems	terial (ACM)	Amount (Specify	Removal	Repair	inclo
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Name of Registered Waste	Hauler			NJDEP		Cubic Yards of	Name of Regis	tered Landfill			110
Service Transport	Group Inc	0		Hauler II 20990	O No.	Waste Type text here	Minerva lar				
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58 Pyles Lane Ne	w Castle F)F						ira Obi-			
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		The state of the s	(D) E	20	19	The state of the s	Room 102A & 102 C X Floor Tile and M	Room 102 & Foyer Outside X Floor Tile and M	YES NO N/A	では、「「「「「「「「「」」」」では、「「「」」、「「」」、「「」」、「「」」、	CUSTODIAL STAFF?	MATERIAL (ACM) USED SOLEY BY (IE, THERMAL SYSTEMS INSULATION MAINTENANCE/ SURFACING, VAT. OR	ASBESTOS-CONTAINING NORMALLY ASBESTOS CONTAING MATERIAL (ACM)
4.							Mastic	Mastic	1. 2. 2		US)	S INSULATION	MATERIAL (ACM)
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										10.00			ENCAPSULATE
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NOTIFICATION OF ASBESTOS ABATEMENT 1565.02 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 / 18 / 2019 Janssen Pharmaceuticals, Inc. Agencies Notified Type Notification Street Address ☑ EPA / Initial 1000 Route 202 ACT THEY ☑ DOLWD Amended City, State, Zip Code Amendment # ☑ DOH Raritan, NJ □ DCA ☐ Emergency (including justification) Name of Contact (NJAC 5:23-8) Telephone Number ☐ Cancellation Harold Marsan 908 927-6912 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JANSSEN PHARMACEUTICAL, INC Vivarium Bldg ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private and commercial buildings, 1000 ROUTE 202 homes, etc.) City (5) Square Feet # of Floors Bldg. Age RARITAN >50.000 6 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hunterdon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Health Investigations Delta/BJDS, Inc. Street Address Street Address 655 West Shore Trail 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 Southampton, Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973 729-5649 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor / 2019 / 31 N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-11:00 PM/ Monday-Saturday Scope of Work (Check all that apply) ✓ Full Containment with Negative Pressure
 ✓ Mini-Enclosure ≥3 sf or ≥3 lf ☑ Renovation ≥160 sf or ≥260 If ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Asbestos-Containing Material (ACM) Removal Repair Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A X See Attach П X П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport Group Inc Minerva landfill 20990 City, State Disposal Date City, State 58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type) Title Signature Date Christine Del Viscio Asst. Admin 11/7/2019

State of New Jersey

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ASBESTOS=CONTARING	IS LOCATI	IS LOCATION	DESCRIPTION OF	AMOUNT	REMOVAL REI	REPAIR ENCAPSULATE ENCLOSURE	ENCLOSURE
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		11001	CONTROL OF CALL				
NOV	CUSTODIAL STAFF?	L STAFF?	OTHER MISCELLANEOUS)				
	YES NO	N/A					
VIVARIUM BLDG. First Floor							
Throughout and exterior	×		Wall seam with caulk	15LF	×		
Bridge Connecting Virarium	4	1	Window Caulk and Glazing	7265	<		
w/Bldg B	×		0		>		
Room 100	×		Sealant on bottom of Sink	16SF	×		
Room ADJ to Room 123	×			180SF	×		
Corridor 130	×		Floor Tile and Mastic	700SF	×		
Room 163	×		Floor Tile and Mastic	130sF	×	-	
Room 165	×		Mastic	13066	< ;	1	
Office/Corridor Outside Rms					>		
165 & 168	×		Floor Tile and Mastic	250SE	<		
Room 166	×		Tile and Mastic	150SF	× >		
Corridor 185	×		Floor Tile and Mastic	750SF	×		
Corridor 191	×		60,005	2000SF	×		*****
Corridor 192	×		Floor Tile and Mastic	200SF	×	1	
Corridor 193	×		93-0 A	400SF	×		-
Corridor 194	×		Floor Tile and Mastic	400SF	×	1	
Corridor 195	×		Tile and Mastic	400SF	× ;		
Corridor 196	×			400SF	×	1	
Back Corridor from rooms				0	,		
			-				No.

Room 100 w Bldg.B. **Bridge Connecting Vivarium** Corridor for rooms 145 &147 & Cage wash Corridor for rooms VIVARIUM BLDG. First Floor ASBESTOS-CONTAINING 148-152 MATERIAL (ACM) IN FACILITY TO BE ABATED LOCATION OF (C) -019 NOV SELE YES NO N/A CUSTODIAL STAFF? OTHER MISCELLANEOUS) MAINTENANCE/ USED SOLEY BY NORMALLY IS LOCATION × × × Floor Floor tile and Mastic Floor tile and Mastic Floor tile and Mastic SURFACING, VAT, OR (IE, THERMAL SYSTEMS INSULATION ASBESTOS CONTAING MATERIAL (ACM) tile DESCRIPTION OF and Mastic 400SF 100SF AMOUNT 400SF SPECIFY 400SF SF OR LF × × REMOVAL REPAIR ENCAPSULATE ENCLOSURE

State of New Jersey

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Date of Notification (1)	-			11	Nam	e of Buildi	na O	wner/Operator	(2)	NOV		2019		111
10 / 18		2019		1				naceuticals	1.7		9	2010		1
Agencies Notified Typ	e Notific	ation				et Address		naceuticals	s, mc					<u> </u>
☑ EPA □ I	nitial					0 Route		12		ASSISTOR LIGE	rura ni	afril. Va	l Či	
4	Amended					State, Zip				Land Committee of the C	, and a second		e es leure e	m'10. 10° 00
	Amendm Emergen	ent # I Icy (inclu	line			itan, NJ								
(NJAC 5:23-8)	ustificati	on)	nig			e of Conta				Telephone Nun	her			
	Cancellai	tion		H	Har	old Mar	san			908 927-69				
			10.00		FA	CILITY II	NFO	RMATION		1				
Name of Facility Where Abater	ment is 7	Faking Pl	ace (3)					Type of Facility	(4)				
JANSSEN PHARMAC	EUTIC	CAL, IN	IC V	ivar	riur	n Bldg			School (K-1	2)				
Street Address									Subchapter	8 (Other than K-12 private and comme	2)	uildina		
1000 ROUTE 202		100-14 - C - I							homes, etc.)	rciai D	ununıç	js,	
City (5) RARITAN									Square Feet	# of Floors	В	ldg. A	ge	
County (6)					_				>50,000	6				
Hunterdon				- 1	Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pr	nor if being demoli	shed)			-1
Name of Monitoring Firm Hired	by Build	ling Own	ar /81	TAS	SCM	No	Nie							
Environmental Health I				1	30141	140.		elta/BJDS,	ent Contractor (9)				
Street Address		gation					_	reet Address	IIIC					
655 West Shore Trail	1							345 Indust	rial Rlvd					
City, State, Zip Code								y, State, Zip Co					1000	
Sparta, NJ 07871							1 :		n, Pa 18966					
Project Manager for Monitoring	Firm		T	eleph	one	No.		lephone No.	1	License No.			-	
						-5649	21	15 322-290	00	00783				
Start Date (10)	S	cheduled					Na	me of OSHA M	lonitor					A
11 / 1 / 2019	-	12 .			. / _	2019	N/	'A						
Occupancy Status During Abate							Str	eet Address						
☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outsice Time of Abatement: 7:00 A	de of No AM- 11:00	rmal Fac PM/_	lity Ho	urs -	Des	cribe AM	City	y, State, Zip Co	ode					
Scope of Work (Check all that a	day-Saturd	lay	-											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Renov Demol					☑ Mini-Encl ☐ Glovebac	Procedure	gative Pressure n-Friable Procedu	.113			
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Location of			Nom sed S		hu			Description o	f			_		T
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(13)		Ye	T		N/A		otl	her miscellaned	ous)				late	0
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Name of Registered Waste Hau			Ī			Vaste	0.87512	oic Yards of	Name of Regis	tered Landfill	1-		_	
Service Transport Gro	oup In	C		Haule 2099		No.	Was	ste	Minerva lar	ndfill				
City, State							Disp	oosal Date	City, State				-	
58 Pyles Lane New C	astle	DE				19			Waynesbu	ıra. Ohio				
Completed By (Print or Type)		Title						Signature	, ^	/ Da	te			-
Christine Del Viscio		Asst.	Adm	in				(1 Um	to a Ni	1/2 00 / 10	/31/:	2019	9	

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Date of Notification (1)				Nam	ne of Buildir	ng Owner/Operator	(2)					
10 / 18 /	2019			Sec			80.30	HIII MOU	1	0.00	110	April 1
Agencies Notified Type Noti	fication				et Address	narmaceuticals	i, inc	W Egg MUV	1	1 20	119	
☑ EPA ☑ Initial	iicauoii				0 Route		1					
☑ DOLWD ☐ Amend	led				State, Zip		1	1.8617.87	35.0	00 - 114 - 00 - 141	23.70.00 1.70.1	-4-6
☑ DOH Amend				100000000000000000000000000000000000000	itan, NJ		ł.	Lite	DENS	46	1000	C/s
DCA Emerg justification		ncludin	g		e of Contac			T			alle salana Periodica	Particulation of the Particular
(NGAC 3.23-8)				1	old Mars			Telephone Num			5	
				-				908 927-69	12			
Name of Facility Where Abatement is	- T-1/-	DI	(0)	FA	CILITY	NFORMATION						
IANSSEN DUADAMACEUT	s Takin	g Place	e (3)		7 12 mm		Type of Facility	5. 53				
JANSSEN PHARMACEUT Street Address	ICAL	, INC	ViV	ariui	m Bldg	<u> </u>	School (K-12) 3 (Other than K-12				
1000 ROUTE 202							Other (i.e., p	rivate and comme	() rcial b	uildino	IS.	
City (5)							homes, etc.)	 				
RARITAN							Square Feet	# of Floors	В	ldg. A	ge	
County (6)							>50,000	6				
Hunterdon				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
	.11.41		(0)	1001								
Name of Monitoring Firm Hired by Bu			(8)	ASCM	No.	Name of Abateme						
Environmental Health Inves	sugati	ions				Delta/BJDS,	Inc					
						Street Address						
655 West Shore Trail						1345 Indust						
City, State, Zip Code						City, State, Zip Co						
Sparta, NJ 07871			1=:			Southamptor	n, Pa 18966					
Project Manager for Monitoring Firm			-376.37	ephone		Telephone No.		License No.			- 13.7	
Start Date (10)					9-5649	215 322-290	7458	00783				
21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					ate (11)	Name of OSHA M	lonitor					
117 / 1 / 2019	12	-200	10000	_ / .	2019	N/A	ät				ř.	
Occupancy Status During Abatement						Street Address						\neg
Facility Closed/Vacated During En	tire Per	riod of	Abate	ment								
Abatement Performed Outside of Name of Abatement: 7:00 AM-11	:00 PN	⊢acilit; //	y Houi PM-	rs - Des	AM	City, State, Zip Co	ode					
Monday-Sati					7 1101							
Scope of Work (Check all that apply)						75						
≥3 sf or ≥3 If		☑ Re	novati	on			ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		☐ De				☐ Glovebag	Procedure					
						☐ Non-Exer	mpted (*) and Nor	n-Friable Procedu	re			
Location of		1 200	Locat Norma			_			Ab	ateme	ent Ty	/ре
Asbestos-Containing Material (AC	M)	Use	d Sole	ely by	Ashe	Description of stos Containing Mar		Amount	Re	Re	ū	Щ
TO BE ABATED		100000000000000000000000000000000000000	intena			., thermal systems i		Amount (Specify	Remova	Repair	car	1Clo
IN Facility (13)	¥1	Cusi	(12)	Staff?		surfacing, VAT,		SF or LF)	val	7	Encapsulate	Enclosure
(.0)		Yes	No	N/A		other miscellaned	ous)				ate	
			X		See At	tach			X		П	
		П							+_			
					-							Ш
			_	1						Ш	Ш	Щ
Name of Registered Waste Hauler		Ц										
			100000	JDEP \ auler I[Cubic Yards of Waste	Name of Regist					
Service Transport Group City, State	inc			990		Type lext here	Minerva lan	dfill				
						Disposal Date	City, State					
58 Pyles Lane New Castle							Waynesbu	rg, Ohio				
Completed By (Print or Type)	Title		ville of			Signature	1 1	, Da	te			
Christine Del Viscio	Ass	st. A	dmir	1		1 mil	alely)	laco 10	/18/2	2019)	
SB-41												

	×	1000SF	Floor Tile and Mastic	×	Corridor Outsite Rms 137 to144
	×	1000SF	Floor Tile and Mastic	×	193 to 197
					Back Corridor from rooms
	×	400SF	Floor Tile and Mastic	×	Corridor 196
	×	400SF	Floor Tile and Mastic	×	Corridor 195
	×	400SF	Floor Tile and Mastic	×	Corridor 194
	×		Floor Tile and Mastic	×	Corridor 193
	×	200SF	Floor Tile and Mastic	×	Corridor 192
	×	2000SF	Floor Tile and Mastic	×	Corridor 191
	×	750SF	Floor Tile and Mastic	×	Corridor 185
	×	150SF	Floor Tile and Mastic	×	Room 166
	×	250SF	Floor Tile and Mastic	×	165 & 168
			The state of the s		Office/Corridor Outside Rms
	×	130SF	Floor Tile and Mastic	×	Room 165
	×	130SF	Floor Tile and Mastic	×	Room 163
	×	700SF	Floor Tile and Mastic	×	Corridor 130
	×	180SF	Floor Tile and Mastic	×	Room ADJ to Room 123
	×	16SF	Sealant on bottom of Sink	×	Room 100
				×	w/Bldg B
	×	72SF	Window Caulk and Glazing		Bridge Connecting Virarium
	×	15LF	Wall seam with caulk	×	Throughout and exterior
					VIVARIUM BEDG. First Bloor
				YES NO N/A	A 25.5
· · · · · · · · · · · · · · · · · · ·					The second secon
			SURFACING, VAT, OR OTHER MISCELLANEOUS)	MAINTENANCE/ CUSTODIAL STAFF?	IN FACILITY 2019
		SPECIFY SF OR LF	ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION	NORMALLY USED SOLEY BY	M) WIAINING
REPAIR ENCAPSULATE ENCLOSURE	REMOVAL RE	AMOUNT	DESCRIPTION OF	IS LOCATION	LOCATION OF

 $\hat{g}(\hat{z})$

Room 100 w Bldg B **Bridge Connecting Vivarium** Corridor for rooms Corridor for rooms 145 & 147 & Cage wash VIVARIUM BLDG. First-Floor TO BE ABATED 148-152 MATERIAL (ACM) ASBESTOS-CONTAINING LOCATION OF IN FACILITY W 07 2019 YES NO N/A CUSTODIAL STAFF? OTHER MISCELLANEOUS) MAINTENANCE/ USED SOLEY BY NORMALLY IS LOCATION × × Floor Floor Floor tile and Mastic SURFACING, VAT, OR Floor (IE, THERMAL SYSTEMS INSULATION" ASBESTOS CONTAING MATERIAL (ACM) tile tile tile and Mastic DESCRIPTION OF and Mastic and Mastic 100SF 400SF 400SF 400SF SPECIFY SF OR LF AMOUNT × × REMOVAL REPAIR ENCAPSULATE ENCLOSURE

Date of Notification (1)				1	Nam	e of Build	ing Owner/Operator	(0)	11.2				
10 / 18	_ / 2	2019	83	- 1					## NOV	1 2	2019		
Agencies Notified Typ	e Notifica	ation		-	Stroo	t Address	harmaceuticals	s, Inc	1			-	
☑ EPA ☑ I	nitial			- 1		0 Rout		7.1 2.4 4.4	ASBERTO	75/53			
	Amended				delate and the	State, Zip	Description of the second of t		LIOE	y Name	anta S	- **	
	Amendme					itan, N			10 100	Comments only when	Mark Street	longe of	147.74
	Emergeno ustification		ıding	1.0		of Conta							
	Cancellati	10.000	90						Telephone Nu	mber			
		100			_	old Mar			908 927-6	912			
Name of Engility Where Abeter					FA	CILITY	NFORMATION			191			
Name of Facility Where Abater	nent is 1	aking P	lace (3	3)	Nerson.			Type of Facility	(4)				
JANSSEN PHARMAC Street Address	EUTIC	AL, II	AC.	Bldg O	КТ3	9)		School (K-1	2)				
1000 ROUTE 202								Subchapter	8 (Other than K-	12)	** **		
City (5)								homes, etc.)	ercial	oullain	gs,	
RARITAN								Square Feet	# of Floors	T E	Bldg. A	ae	
								>50,000	6		-3	9.	
County (6)					Cour	nty Code	(7)(STATE USE ONLY)		rior if being demo	lished)		_	
Hunterdon								•	3	or.iou/			
Name of Monitoring Firm Hired	by Buildi	ing Owr	er (8)	AS	SCM	No.	Name of Abateme	ent Contractor (9)			-	_
Environmental Health I	nvesti	gation	S				Delta/BJDS,	Inc	6				
Street Address							Street Address						
655 West Shore Trail							1345 Indust	rial Blvd					
City, State, Zip Code							City, State, Zip Co						
Sparta, NJ 07871							Southamptor						
Project Manager for Monitoring	Firm		T	eleph	one i	No.	Telephone No.	,, , , , , , , , , , , , , , , , , , , ,	License No.				
			9	73	729	-5649		00	00783				
Start Date (10)	Sc	chedule					Name of OSHA M		100763				
117 / 1 / 2019	_	12	. / _31	ľ	/ 2	019	N/A						
Occupancy Status During Abate	ment (Cl	heck on	ly one)			Street Address				.02		
☐ Facility Closed/Vacated Durin	ng Entire	Period	of Aba	teme	nt		ou corrudress						
□ Abatement Performed Outsice	le of Non	mal Fac	ility H	nure -	Doce	cribe	City, Stafe, Zip Co	do					
Time of Abatement: 7:00 A	M-11:00 fay-Saturda	_PM/_	P	M	^	λM	Oity, Otate, Zip Co	de					
Scope of Work (Check all that a	pply)	ıy			-								
☐ ≥3 sf or >3 If			_				☑ Full Conta	ainment with Neg	ative Pressure				
☑ ≥160 sf or ≥260 lf			Renov Demol				Mini-Encl Mini-En	osure	,				
			Domoi	1011			☐ Glovebag	Procedure	n-Friable Procedu				
			Is Loc	ation				- prod () and No	II-I Hable Floced		70		
Location of			Nom sed S				Description of				ateme	ent T	_
Asbestos-Containing Materia TO BE ABATED	I (ACM)		Mainte	nance	by	Asbe	stos Containing Mat	erial (ACM)	Amount	Rer	Repair	Enc	E
IN Facility			ustodia	al Stat		(I.e	., thermal systems in surfacing, VAT,	nsulation,	(Specify	Removal	bair	aps	Enclosure
(13)			(1		_		other miscellaneo	us)	SF or LF)	<u>a</u>		Encapsulate	ure
		Ye	s N	0 1	N/A							е	
			X			See At	tach			X			
			ПП	I	7							<u> </u>	Ш
			+=	-									
												П	П
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Name of Registered Waste Haule	er			NJDE	EP W	aste	Cubic Yards of	Name of Regist	ered Landfill			П	Ш
Service Transport Gro	up Inc	С			er ID	No.	Waste	Transcent 1954					
City, State	1			20990	U		Disposal Date	Minerva lan	IGIII				
58 Pyles Lane New Ca	actic F	7=					Dishosal Date	City, State					
Completed By (Print or Type)								Waynesbu	rg, Ohio				
5.5		Title					Signatūre	100		ate			
Christine Del Viscio		Asst.	Adm	in			(hn)	LONAL	2 10	0/18/2	2019)	
70-41							1	- VI					

									Control of the contro	Room 102A-8, 102 C	utside	OKT3-Bldg			ONTAINING CWI)
-	-	-	-			_	_						YES		NOF USED S MAINT
\dagger	1		\vdash	_	+	_	+	-		×	×	Н	A/N ON	400 CM	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?
										Floor Tile and Mastic	Floor Tile and Mastic		. C. 10 A CO. 1		
										200SF	600SF		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X	AMOUNT SPECIFY SF OR LF
										×	×			A. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	REMOVAL
							,							The Control of	REPAIR
														A	ENCAPSULATE
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