

Page 1 of 3
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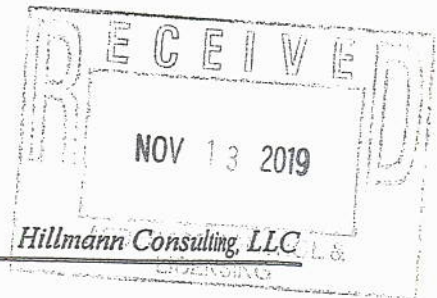
Inv# 15940

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

Additional
Scope

Date of Notification (1) 8 / 22 / 19		Name of Building Owner/Operator (2) Echo Lake Country Club / Job #1908-2479 Chk: #2169							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 515 Springfield Avenue City, State, Zip Code Westfield, NJ 07090 Name of Contact John Leshner Telephone Number 908-233-9147							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Echo Lake Country Club		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 and commercial buildings, homes, etc.)							
Street Address 515 Springfield Avenue		Square Feet 20000							
City (5) Westfield		# of Floors 2							
County (6) Union		Bldg. Age 1913							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.							
Street Address 1600 Rte 22 East		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Bordentown, NJ 08505		Street Address PO Box 1239							
Project Manager for Monitoring Firm Mark Perlmutter		City, State, Zip Code Delran, NJ 08075							
Telephone No. 908-688-7800		Telephone No. 609-702-0400							
Start Date (10) 9 / 3 / 19		License No. 00862							
Scheduled Completion Date (11) 12 / 8 / 19		Name of OSHA Monitor EMSL Analytical, Inc.							
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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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)	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
Phase 2B - added 11/7/19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floortile & mastic (add'l scope)	245 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2A - Starts 10/31/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile (additional scope)	730 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 - Starts 10/15/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 1 - Windows 9/3/19 (DONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ph1A cl up of debris from pipe 12LF 9/18/19 (DONE)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 12/8/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature		Date 11-7-2019			

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/ BASEMENT				
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 along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF		\$
Locker 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		\$
MAIN LEVEL				
Reception, South Wall	Window Glaze	30 LF		\$
Donald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF		\$

Has 1 →
(done)

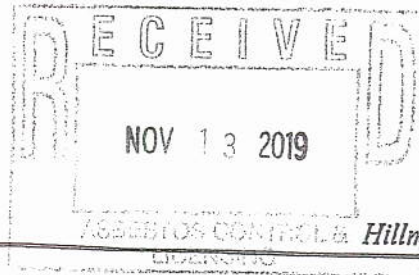
Name of Contractor: AMS

Signature: [Signature]

Printed Name: Sumit Muller

Date: 11-19-19

Page 3 of 3



UPPER 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		\$ _____
ROOFS				
Roof North and Northeast Side: Sloped and Flat Roof (Except part of the Roof above the Kitchen)	Roofing Felt on Wood Substrate	2,130 SF		_____
Roof Northeast: Chimney, and Round Vents	Flashing Cement	30 SF		_____
Roof North Side Ducts by HVAC Units	Duct Seal (Tar)	160 SF		_____
Electric Panel Connect/Disconnect Cost:				_____
Project Filing Fees:				_____
Base Bid 1 Total Cost:				_____

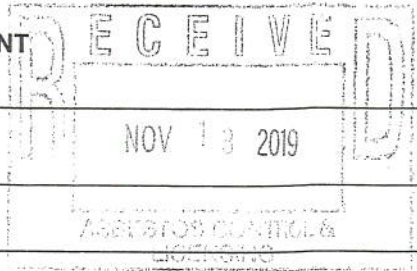
Name of Contractor: AMS

Signature: [Signature]

Printed Name: JAMES MULLANEY

Date: 12-21-19

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



Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202	
		City, State, Zip Code Raritan, NJ	
		Name of Contact Harold Marsan	Telephone Number 908 927-6912

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Bldg OKT3		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 and commercial buildings, homes, etc.)	
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6
City (5) RARITAN		Bldg. Age	
County (6) Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966	
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783
Start Date (10) 11 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A	
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 Time of Abatement: 7:00 AM- 11:00 PM/ PM- AM Monday-Saturday		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

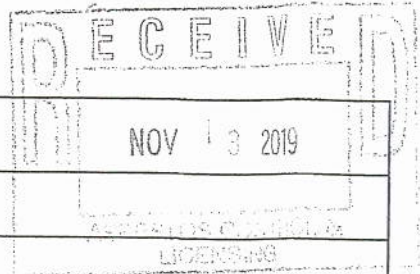
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|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva landfill	
City, State 58 Pyles Lane New Castle DE		Disposal Date	City, State Waynesburg, Ohio		
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>	Date 11/7/2019		

1565-02

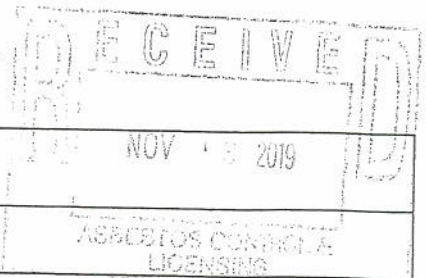
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202							
		City, State, Zip Code Raritan, NJ							
		Name of Contact Harold Marsan	Telephone Number 908 927-6912						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Bldg OKT3		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 and commercial buildings, homes, etc.)							
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6						
City (5) RARITAN		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966							
Project Manager for Monitoring Firm		Telephone No. 973 729-5649	License No. 00783						
Start Date (10) 11 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A							
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 Time of Abatement: 7:00 AM- 11:00 PM/ PM- AM Monday-Saturday		Street Address							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste Type text here	Name of Registered Landfill Minerva landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Admin		Signature <i>Christine Del Viscio</i>			Date 10/31/2019		

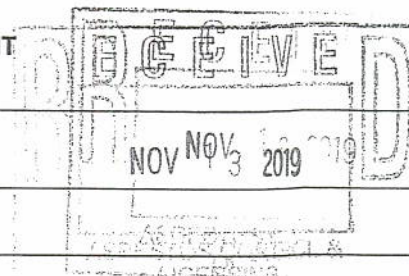
1565-02

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



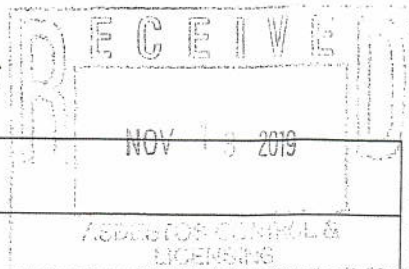
Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202							
		City, State, Zip Code Raritan, NJ							
		Name of Contact Harold Marsan	Telephone Number 908 927-6912						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Bldg OKT3		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 and commercial buildings, homes, etc.)							
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6						
City (5) RARITAN		Bldg. Age							
County (6) Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966							
Project Manager for Monitoring Firm		Telephone No. 973 729-5649	Telephone No. 215 322-2900						
Start Date (10) 117 / 1 / 2019		Scheduled Completion Date (11) 12 / 31 / 2019	License No. 00783						
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 Time of Abatement: 7:00 AM- 11:00 PM/ PM- AM Monday-Saturday		Name of OSHA Monitor N/A							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste Type text here	Name of Registered Landfill Minerva landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Admin		Signature 		Date 10/18/2019			

State of New Jersey
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		City, State, Zip Code Raritan, NJ							
		Name of Contact Harold Marsan	Telephone Number 908 927-6912						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Vivarium Bldg		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 and commercial buildings, homes, etc.)							
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6						
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Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>			Date 11/7/2019				

State of New Jersey
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Project Manager for Monitoring Firm		Telephone No. 973 729-5649	License No. 00783						
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		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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)	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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Admin		Signature <i>Christine Del Viscio</i>		Date 10/31/2019			

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

1565-00



Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202	
		City, State, Zip Code Raritan, NJ	
		Name of Contact Harold Marsan	Telephone Number 908 927-6912

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Vivarium Bldg		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 and commercial buildings, homes, etc.)	
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6
City (5) RARITAN		Bldg. Age	
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc	
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd		
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966		
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783	

Start Date (10) 117 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A
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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 Time of Abatement: 7:00 AM- 11:00 PM/ PM- AM Monday-Saturday		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste Type text here	Name of Registered Landfill Minerva landfill	
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio	
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>		Date 10/18/2019	

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
2019							
VIVARIUM BLDG. First Floor	YES	NO	N/A				
Throughout and exterior	X		Wall seam with caulk	15LF	X		
Bridge Connecting Virarium w/Bldg B	X		Window Caulk and Glazing	72SF	X		
Room 100	X		Sealant on bottom of Sink	16SF	X		
Room ADJ to Room 123	X		Floor Tile and Mastic	180SF	X		
Corridor 130	X		Floor Tile and Mastic	700SF	X		
Room 163	X		Floor Tile and Mastic	130SF	X		
Room 165	X		Floor Tile and Mastic	130SF	X		
Office/Corridor Outside Rms							
165 & 168	X		Floor Tile and Mastic	250SF	X		
Room 166	X		Floor Tile and Mastic	150SF	X		
Corridor 185	X		Floor Tile and Mastic	750SF	X		
Corridor 191	X		Floor Tile and Mastic	2000SF	X		
Corridor 192	X		Floor Tile and Mastic	200SF	X		
Corridor 193	X		Floor Tile and Mastic	400SF	X		
Corridor 194	X		Floor Tile and Mastic	400SF	X		
Corridor 195	X		Floor Tile and Mastic	400SF	X		
Corridor 196	X		Floor Tile and Mastic	400SF	X		
Back Corridor from rooms							
193 to 197	X		Floor Tile and Mastic	1000SF	X		
Corridor Outsides Rms 137 to 144	X		Floor Tile and Mastic	1000SF	X		

CK0170

INV# 13438

PAID

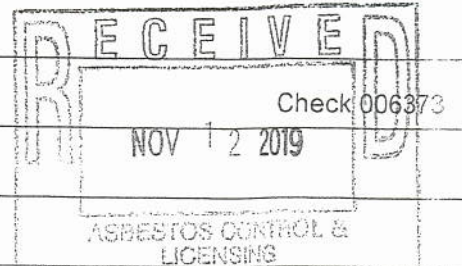
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 0170

Date of Notification (1) 11 / 08 / 19		Name of Building Owner / Operator (2) FCA USA LLC		RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 800 CHRYSLER DRIVE City, State, Zip Code AUBURN HILLS, MI 48326 Name of Contact MELISSA MICHAELS Telephone Number 248-512-3152 CONTROL & LICENSING	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FCA ENGLEWOOD CLIFFS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 340 SYLVAN AVENUE			Square Feet 3,000		
City (5) ENGLEWOOD CLIFF		County (6) BERGEN	County Code (7)	# Of Floors 1	Building Age 40 +
Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Bldg. Owner (8) GZA			Name of Abatement Contractor (9) Northstar Contracting Group Inc		
Street Address 55 Lane Road			Street Address 32 Williams Parkway		
City, State, Zip Code Fairfield NJ 07004			City, State, Zip Code East Hanover NJ 07936		
Project Mngr. For Monitoring Firm Ben Sallemi			Telephone Number 973 774 3311		
Sched. Start Date (10) 11 / 18 / 19		Sched. Completion Date (11) 12 / 30 / 19		Telephone Number 9737723660	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ Other - Describe: 8AM - 4PM - MON - FRI			Name of OSHA Monitor Northstar Contracting Group Inc Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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-Friable Procedure					
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E N C A P S U L
BLDG 340 EXTERIOR SOFFIT	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	TRANSITE	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ		Disposal Date	City, State PEN ARGILE, PA		
Completed by (Print or Type) Paul Mast		Title VICE PRESIDENT	Signature		Date 11/08/19

INV # 12778

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



OK 006373 PAID

Date of Notification (1) 07/15/2019		Name of Building Owner/Operator (2) Montclair State University		Check # 006373					
Agencies Notified		Type Notification		Street Address 1 Normal Ave					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Montclair, NJ 07403					
Name of Contact Shaton Mahoney				Telephone Number 973-655-3202					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montclair University - College Hall				Type of Facility (4)					
Street Address 1 Normal Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Montclair				Square Feet 118,000	# of Floors 3				
County (6) Essex				County Code (7) (STATE USE ONLY)	Bldg. Age 111				
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Hazmat Diagnostic LLC					
Street Address 560 Sylvan Ave., Suite 3065				Street Address 16 Glenwild Ave					
City, State, Zip Code Englewood Cliffs, NJ 07632				City, State, Zip Code Bloomingdale, NJ 07403					
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No.		Telephone No. 973 928 3995	License No. 01181				
Start Date (10) 07/30/2019		Scheduled Completion Date (11) 08/30/2019		Name of OSHA Monitor Hazmat Diagnostic LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 16 Glenwild Ave					
<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: 7:00am-3:30pm (Exterior work during renovation)				City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
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 Hazmat diagnostic LLC/Newark Carting Inc.		NJDEP Waste Hauler ID No. 035440/4509		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill				
City, State Bloomingdale, NJ / Newark, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Deni Naumovski		Title President		Signature 		Date 07/15/2019			

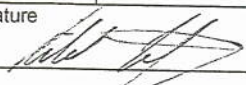
NO OK

RECEIVED
T. TRUST
NOV 13 2019
ASBESTOS CONTROL & LICENSING

Inv# 15837
CK 2403 PAID

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

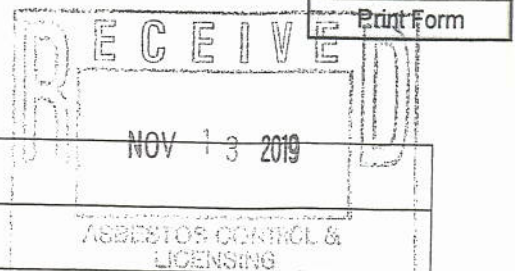
Print Form

Date of Notification (1) 11/7/19		Name of Building Owner/Operator (2) Waldy Dardignac		NOV 13 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code North Plainfield, NJ 07060	
		Name of Contact Waldy Dardignac		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Home			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 [REDACTED]			Square Feet 1800		
City (5) North Plainfield			# of Floors 2		Bldg. Age 65+/-
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement	
Street Address		Street Address 280 N. Midland Ave.			
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	
Start Date (10) 11/9/19		Scheduled Completion Date (11) 11/12/19		License No. 01305	
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: 8 A.M to 4 P.M.				Name of OSHA Monitor	
				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
Basement		X		VAT	613 SF
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 3 YD	
City, State Saddle Brook, NJ		Disposal Date TBD		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by Richard Cristofol		Title President		Signature 	
				Date 11/7/19	

Inv# 15879

CK 2406 PAID

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



Date of Notification (1) 11/8/19		Name of Building Owner/Operator (2) Amy Rust							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Succasunna, NJ 07876							
		Name of Contact Amy Rust	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Succasunna		Square Feet 2100	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 65+/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 11/11/19	Scheduled Completion Date (11) 11/15/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Main Basement Area		x		VAT	231 SF	x			
Storage Room		x		VAT	121 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 11/8/19			

Inv # 15939
CK 2108 PAID

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

RECEIVED
NOV 13 2019

Date of Notification (1) 11 / 7 / 19		Name of Building Owner/Operator (2) Patricia & Rodman Cook / Job #1911-2514 Chk. #2168							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Haddonfield, NJ Name of Contact Above Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1600							
City (5) Haddon Township		# of Floors 2	Bldg. Age 67						
County (6) Camden	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Enviromental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 1835 Underwood Blvd							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Delran, NJ 08075							
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400 License No. 00862						
Start Date (10) 11 / 18 / 19	Scheduled Completion Date (11) 11 / 19 / 19		Name of OSHA Monitor EMSL Analytical, Inc.						
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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input 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)	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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	290 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic (Double Layer)	315 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 11/19/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 11-7-19			

Page 1 of 3
CK 2169

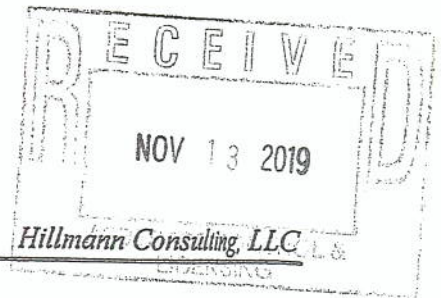
Inv# 15940

PAID

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

Additional
Scope

Date of Notification (1) <div style="text-align: center;">8 / 22 / 19</div>		Name of Building Owner/Operator (2) Echo Lake Country Club / Job #1908-2479 Chk. #2169							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 515 Springfield Avenue City, State, Zip Code Westfield, NJ 07090 Name of Contact John Leshner Telephone Number 908-233-9147							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Echo Lake Country Club		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 and commercial buildings, homes, etc.)							
Street Address 515 Springfield Avenue		Square Feet 20000							
City (5) Westfield		# of Floors 2	Bldg. Age 1913						
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 1600 Rte 22 East		Street Address PO Box 1239							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Delran, NJ 08075							
Project Manager for Monitoring Firm Mark Perlmutter		Telephone No. 908-688-7800	License No. 00862						
Start Date (10) 9 / 3 / 19	Scheduled Completion Date (11) 12 / 8 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Phase 2B - added 11/7/19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floortile & mastic (add'l scope)	245 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2A - Starts 10/31/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile (additional scope)	730 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 - Starts 10/15/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 1 - Windows 9/3/19 (DONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ph1A cl up of debris from pipe 12LF 9/18/19 (DONE)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 12/8/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature		Date 11-7-2019			



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

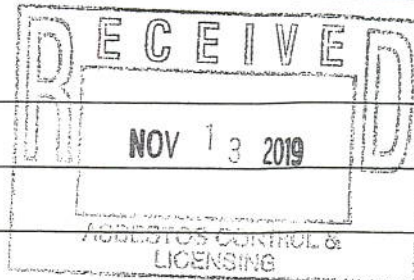
BASE BID 1: Asbestos Abatement

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY	EST # SHIFTS	PRICE
LOWER LEVEL/ BASEMENT				
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 along the West Wall, and in the N/West Side of the Locker Area "C", and Hall toward Slope Sink	Plumbers Wrap (on 1" and 2" Pipes)	15 LF		\$
Locker 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		\$
MAIN LEVEL				
Reception, South Wall	Window Glaze	30 LF		\$
Donald Ross Room by Bar	Floor Tile 9"x 9", Gray and Red in Pattern. (No Mastic)	814 SF		\$

Has 1 →
(done)

Name of Contractor: AMS Signature: [Signature]
 Printed Name: Janumullarney Date: 11-19-19

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



Date of Notification (1) 11/12/2019		Name of Building Owner/Operator (2) Salem Medical Center							
Agencies Notified	Type Notification	Street Address 310 Woodstown Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Salem, NJ 08079							
		Name of Contact Jim Piper, Associate Vice President	Telephone Number 856-339-6004						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Salem Medical Center		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 310 Woodstown Road		Square Feet 100,000	# of Floors 4						
City (5) Salem		Bldg. Age 30+							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) Bluestone Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) PRISM Response, LLC						
Street Address 196 Beach Lake Highway		Street Address 102 Technology Lane							
City, State, Zip Code Honesdale, PA 18431		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Jack Jenkins		Telephone No. 570-892-1075	License No. 01121						
Start Date (10) 11/25/2019	Scheduled Completion Date (11) 11/29/2019 *	Name of OSHA Monitor Bluestone Environmental, Inc.							
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 196 Beach Lake Highway							
		City, State, Zip Code Honesdale, PA 18431							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) PLEASE SEE ATTACHED	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
			X						
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste 40	Name of Registered Landfill Salem County Landfill					
City, State Camden, NJ		Disposal Date 11/29/2019		City, State Salem, New Jersey					
Completed by Jessica Wolfe		Title Admin. Support	Signature <i>Jessica Wolfe</i>			Date 11/12/2019			

Inv# 15941

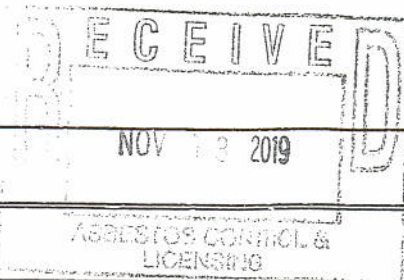
State of NJ

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

D&S Proj. #: 19-226

CK 5157

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Date of Notification (1) 11/10/19		Name of Building Owner/Operator (2) Neptune Housing Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 1810 Alberta Av. City, State, Zip Code Neptune, NJ 07753	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Joseph Mauro Telephone Number 732-774-7692	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Apartment Complex Street Address 1444 Heck Ave. Unit #3 City (5) Neptune, NJ 07753 County (6) Monmouth County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet 4,000 SF # of Floors 02 Bldg. Age 60 Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) Hillmann Consulting LLC Street Address 1600 US 22 East City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Polina Pikes Start Date (10) 11/18/19 Sched. Completion Date (11) 11/30/2019		ASCM No. 00023		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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: Facility Occupied During Abatement					

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
1st Floor Apartment		X		Wallboard & Joint Compound	550 SF	X			
1st Floor Apartment		X		VAT & Mastic	520 SF	X			
Crawl Space		X		Elbows.	38 Ea	X			
Crawl Space		X		ACM Mixed Debris & Soil TB Cleaned	600 SF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 20 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>Bogdan Joldzic</i>	Date 11/06/19

B & G proj. #:

2019-255

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

Check # 9715

Date of Notification (1) 11/10/19		Name of Building Owner/Operator (2) Prashant Mummid	
Agencies 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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Guttenberg, NJ 07093	
Name of Contact Prashant Mummid		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Prashant Mummid			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Guttenberg, NJ 07093	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 11/21/2019	Sched. Completion Date (11) 11/22/2019			
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- Describe: _____ <input type="checkbox"/> Other-Describe: _____				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code Lincoln Park, NJ 07035				

Scope of Work (check all that apply)				
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input type="checkbox"/> Glovebag procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Mini-enclosure	
<input type="checkbox"/> Non-friable procedure				

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Main Entrance Hallway			X	mastic	44 sf	X			

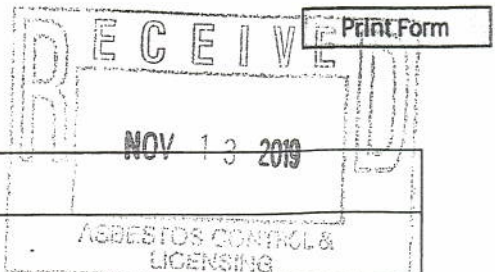
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Disposal Date 11/22/2019		City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature Gordana Luna		Date 11/08/2019

INV# 15824

OK1046

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

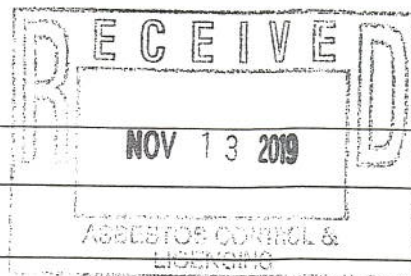


Date of Notification (1) 11/04/2019		Name of Building Owner/Operator (2) Michael Fleres						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960						
		Name of Contact Michael Fleres	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential House		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 [REDACTED]		Square Feet 1904	# of Floors 2					
City (5) Morristown, NJ		Bldg. Age 119						
County (6) Morris County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House						
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) VEL Contruction, LLC					
Street Address P.O Box 483		Street Address 230 Market Street						
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-583-8500	License No. 01377					
Start Date (10) 11/06/2019	Scheduled Completion Date (11) 11/22/2019	Name of OSHA Monitor EMSL Analytical						
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 307 W 38th St #9						
		City, State, Zip Code New York, NY 10018						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
First, Second and Third Floor		X		Removal of Plaster	Appr. 4000 sf	X		
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill				
City, State Wayne, NJ		Disposal Date 11/22/2019		City, State Morrisville, PA				
Completed by Krste Veljanoski		Title Owner	Signature <i>Krste Veljanoski</i>		Date 11/04/2019			

IN # 15943
OK 28040

PAID

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



Date of Notification (1) 11-6-19		Name of Building Owner/Operator (2) Stepan Company	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial <input checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 201 4 th St
			City, State, Zip Co Fieldsboro, NJ 08505
			Name of Contact T. Townsend
		Telephone Number 609-802-7880	

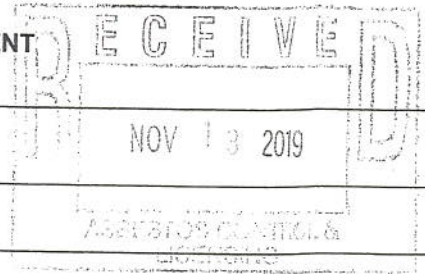
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Stepan East Building		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 201 4 th St		Square Feet 10,000	# of Floors 2
City (5) Fieldsboro		Bldg. Age 50	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished) industrial	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.	ASCM No.	Name of Contractor (9) County Environmental	
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.	
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Wesley Morrison	Telephone No. (302) 326-2333	Telephone Number (302) 322-8946	License Number 00578
Scheduled Start Date (10) 11-20-19	Scheduled Completion Date 11-23-19	Name of OSHA Monitor County Environmental	
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 - <input type="checkbox"/> Other - Describe:		Street Address 461 New Churchmans Road	
		City, State, Zip Code New Castle, DE 19720	
Scope of Work (Check all that apply) X ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf X Renovation Demolition Full Containment with Negative Pressure X Mini-Enclosure Glovebag Procedure 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	Encapsulate	Enclosure
Exterior	X			asbestos cement siding panels	10 SF	X		

Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Reg. Landfill Minerva	
City, State New castle DE		Disposal Date TBA	City, State Waynesburg OH		
Completed by Ben Hodgdon	Title PM	Signature		Date 11-6-19	

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

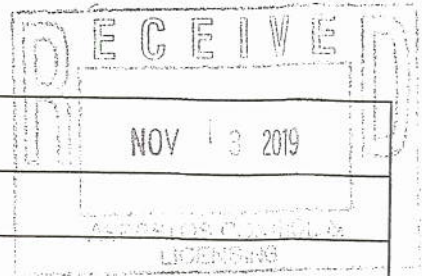


Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202							
		City, State, Zip Code Raritan, NJ							
		Name of Contact Harold Marsan	Telephone Number 908 927-6912						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Bldg OKT3		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 and commercial buildings, homes, etc.)							
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6						
City (5) RARITAN		Bldg. Age							
County (6) Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations	ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc							
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966							
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 11 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A							
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 Time of Abatement: 7:00 AM- 11:00 PM/ PM- AM Monday-Saturday		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date	City, State Waynesburg, Ohio						
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>	Date 11/7/2019						

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1565-02

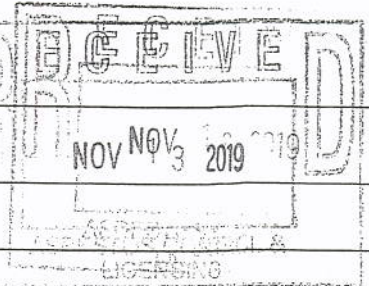
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202 City, State, Zip Code Raritan, NJ Name of Contact Harold Marsan Telephone Number 908 927-6912							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Bldg OKT3		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 and commercial buildings, homes, etc.)							
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6						
City (5) RARITAN		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations	ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc							
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966							
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 11 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A							
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 Time of Abatement: 7:00 AM-11:00 PM / PM-AM Monday-Saturday		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input 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)	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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste Type text here	Name of Registered Landfill Minerva landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>			Date 10/31/2019				

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



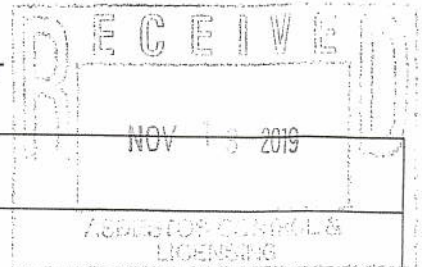
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Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202							
		City, State, Zip Code Raritan, NJ							
		Name of Contact Harold Marsan	Telephone Number 908 927-6912						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Vivarium Bldg		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 and commercial buildings, homes, etc.)							
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6						
City (5) RARITAN		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966							
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 117 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A							
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 Time of Abatement: 7:00 AM- 11:00 PM/ PM- AM Monday-Saturday		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin		Signature <i>Christine Del Viscio</i>			Date 11/7/2019			

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
<div style="text-align: right;"> NOV 13 2013 ASBESTOS CONTROL & ABATEMENT </div>							
VIVARIUM BLDG. First Floor		YES NO N/A					
Throughout and exterior	X	Wall seam with caulk	15LF	X			
Bridge Connecting Vivarium w/Bldg B	X	Window Caulk and Glazing	72SF	X			
Room 100	X	Sealant on bottom of Sink	16SF	X			
Room ADJ to Room 123	X	Floor Tile and Mastic	180SF	X			
Corridor 130	X	Floor Tile and Mastic	700SF	X			
Room 163	X	Floor Tile and Mastic	130SF	X			
Room 165	X	Floor Tile and Mastic	130SF	X			
Office/Corridor Outside Rms							
165 & 168	X	Floor Tile and Mastic	250SF	X			
Room 166	X	Floor Tile and Mastic	150SF	X			
Corridor 185	X	Floor Tile and Mastic	750SF	X			
Corridor 191	X	Floor Tile and Mastic	2000SF	X			
Corridor 192	X	Floor Tile and Mastic	200SF	X			
Corridor 193	X	Floor Tile and Mastic	400SF	X			
Corridor 194	X	Floor Tile and Mastic	400SF	X			
Corridor 195	X	Floor Tile and Mastic	400SF	X			
Corridor 196	X	Floor Tile and Mastic	400SF	X			
Back Corridor from rooms							

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

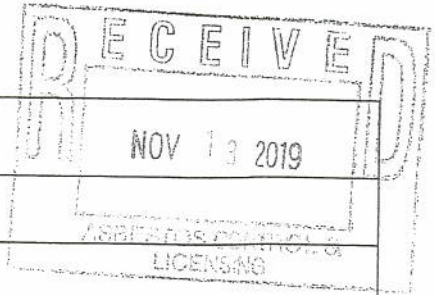
1565-02



Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202 City, State, Zip Code Raritan, NJ Name of Contact Harold Marsan Telephone Number 908 927-6912							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Vivarium Bldg		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 and commercial buildings, homes, etc.)							
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6						
City (5) RARITAN		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations	ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc							
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966							
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 11 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A							
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 Time of Abatement: 7:00 AM - 11:00 PM / PM - AM Monday-Saturday		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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)	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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date	City, State Waynesburg, Ohio						
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>	Date 10/31/2019						

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

1565-00



Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202	
		City, State, Zip Code Raritan, NJ	
		Name of Contact Harold Marsan	Telephone Number 908 927-6912

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Vivarium Bldg		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 and commercial buildings, homes, etc.)	
Street Address 1000 ROUTE 202			
City (5) RARITAN		Square Feet >50,000	# of Floors 6
County (6) Hunterdon		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc	
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd		
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966		
Project Manager for Monitoring Firm		Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783

Start Date (10) 117 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A
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 Time of Abatement: 7:00 AM- 11:00 PM/ PM- AM Monday-Saturday		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

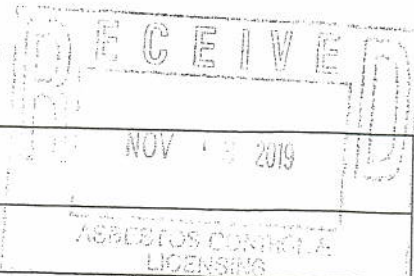
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste Type text here	Name of Registered Landfill Minerva landfill	
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio	
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>		Date 10/18/2019	

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY		IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?		DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)		AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
2019										
VIVARIUM, BEDG. First Floor		YES	NO	N/A						
Throughout and exterior		X			Wall seam with caulk	15LF	X			
Bridge Connecting Virarium w/Bldg B		X			Window Caulk and Glazing	72SF	X			
Room 100		X			Sealant on bottom of Sink	16SF	X			
Room ADJ to Room 123		X			Floor Tile and Mastic	180SF	X			
Corridor 130		X			Floor Tile and Mastic	700SF	X			
Room 163		X			Floor Tile and Mastic	130SF	X			
Room 165		X			Floor Tile and Mastic	130SF	X			
Office/Corridor Outside Rms										
165 & 168		X			Floor Tile and Mastic	250SF	X			
Room 166		X			Floor Tile and Mastic	150SF	X			
Corridor 185		X			Floor Tile and Mastic	750SF	X			
Corridor 191		X			Floor Tile and Mastic	2000SF	X			
Corridor 192		X			Floor Tile and Mastic	200SF	X			
Corridor 193		X			Floor Tile and Mastic	400SF	X			
Corridor 194		X			Floor Tile and Mastic	400SF	X			
Corridor 195		X			Floor Tile and Mastic	400SF	X			
Corridor 196		X			Floor Tile and Mastic	400SF	X			
Back Corridor from rooms										
193 to 197		X			Floor Tile and Mastic	1000SF	X			
Corridor Outsite Rms 137 to 144		X			Floor Tile and Mastic	1000SF	X			

1565-02

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



Date of Notification (1) 10 / 18 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202 City, State, Zip Code Raritan, NJ						
		Name of Contact Harold Marsan	Telephone Number 908 927-6912					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC Bldg OKT3		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 and commercial buildings, homes, etc.)						
Street Address 1000 ROUTE 202		Square Feet >50,000	# of Floors 6					
City (5) RARITAN		Bldg. Age						
County (6) Hunterdon		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd						
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966						
Project Manager for Monitoring Firm		Telephone No. 973 729-5649	License No. 00783					
Start Date (10) 117 / 1 / 2019	Scheduled Completion Date (11) 12 / 31 / 2019	Name of OSHA Monitor N/A						
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 Time of Abatement: 7:00 AM-11:00 PM/ PM- AM Monday-Saturday		Street Address City, State, Zip Code						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste Two text entry	Name of Registered Landfill Minerva landfill				
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio				
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature 			Date 10/18/2019			

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