

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

Date of Notification (1) 11 / 14 / 12		Name of Building Owner/Operator (2) Campbell Soup		<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.2em; margin-top: 10px;">2012 NOV 20 AM 7:18</div> <div style="font-size: 1.2em; margin-top: 10px;">ASBESTOS CONTROL & LICENSING</div>	
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 #003 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Campbell Place			
City, State, Zip Code Camden, NJ		Name of Contact Chris Schoen			
				Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Sears			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 1300 Admiral Wilson Blvd			Square Feet 200000		
City (5) Camden			# of Floors 3		Bldg. Age 100
County (6) Camden		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing		
Name of Monitoring Firm Hired by Building Owner (8) Langen Engineers		ASCM No. 00099	Name of Abatement Contractor (9) Alliance Environmental Systems		
Street Address River Drive Center 1, 4 th Floor		Street Address 550 East Union Street			
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code West Chester, PA 19382			
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900	Telephone No. 610-701-9000		License No. 00508
Start Date (10) 10 / 29 / 12		Scheduled Completion Date (11) 12 / 14 / 12		Name of OSHA Monitor AET	
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: 7:00AM-3:30PM/ ____PM-____AM			Street Address 28 N. Pennel Road		
			City, State, Zip Code Media, PA 19063		
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 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
1 st & 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	4000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration cloth	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows, Doors, mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	misc. glue, caulk	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electric room, elevator room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake pad, transite, ebony board	122 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 25	Name of Registered Landfill Allied BFI Imperial	
City, State Hazelton, PA		Disposal Date TBD		City, State Imperial, PA	
Completed By (Print or Type) John Heemer	Title Estimator	Signature 		Date 11/14/12	

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

RECEIVED

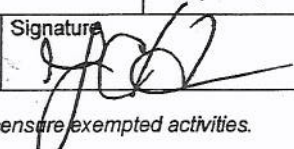
2012 NOV 20 AM 7:18

**ASBESTOS CONTROL
& LICENSING**

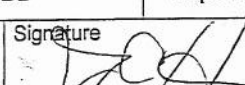
Date of Notification (1) 10 / 24 / 12		Name of Building Owner/Operator (2) Campbell Soup							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 002 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Campbell Place							
		City, State, Zip Code Camden, NJ							
		Name of Contact Chris Schoen	Telephone Number 609						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sears		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 1300 Admiral Wilson Blvd									
City (5) Camden	Square Feet 200000	# of Floors 3	Bldg. Age 100						
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Langen Engineers		ASCM No. 00099	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address River Drive Center 1, 4th Floor		Street Address 550 East Union Street							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Vijay Patel	Telephone No. 201-794-6900	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 10 / 29 / 12	Scheduled Completion Date (11) 11 / 16 / 12	Name of OSHA Monitor AET							
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: 7:00AM-3:30PM / ____PM-____AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
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 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
1st & 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	4000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration cloth	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows, Doors, mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	misc. glue, caulk	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electric room, elevator room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake pad, transite, ebony board	122 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 25	Name of Registered Landfill Allied BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature <i>John C. Heemer</i>			Date 10/24/12		

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

RECEIVED

Date of Notification (1) 10 / 19 / 12		Name of Building Owner/Operator (2) Campbell Soup							
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 #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Campbell Place							
		City, State, Zip Code Camden, NJ							
		Name of Contact Chris Schoen	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sears		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 1300 Admiral Wilson Blvd									
City (5) Camden	Square Feet 200000	# of Floors 3	Bldg. Age 100						
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Langen Engineers		ASCM No. 00099	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address River Drive Center 1, 4 th Floor		Street Address 550 East Union Street							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900	License No. 00508						
Start Date (10) 10 / 23 / 12	Scheduled Completion Date (11) 11 / 9 / 12	Name of OSHA Monitor AET							
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: 7:00AM-3:30PM/ PM- AM		Street Address 28 N. Pennel Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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
1 st & 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	4000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration cloth	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows, Doors, mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	misc. glue, caulk	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electric room, elevator room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake pad, transite, ebony board	122 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 25	Name of Registered Landfill Allied BFI Imperial					
City, State Hazelton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 			Date 10/18/12		

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

Date of Notification (1) 10 / 08 / 12		Name of Building Owner/Operator (2) Campbell Soup							
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 1 Campbell Place City, State, Zip Code Camden, NJ Name of Contact Chris Schoen Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sears		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 1300 Admiral Wilson Blvd		Square Feet 200000	# of Floors 3						
City (5) Camden		Bldg. Age 100							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Langen Engineers		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address River Drive Center 1, 4 th Floor		Street Address 550 East Union Street							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Ross Caldwell		Telephone No. 201-794-6900	Telephone No. 610-701-9000						
License No. 00508									
Start Date (10) 10 / 23 / 12	Scheduled Completion Date (11) 11 / 9 / 12	Name of OSHA Monitor AET							
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: 7:00AM-3:30PM/____PM-____AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
1 st & 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	4000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration cloth	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows, Doors, mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	misc. glue, caulk	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electric room, elevator room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake pad, transite, ebony board	122 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 25	Name of Registered Landfill Allied BFI Imperial					
City, State Hazelton, PA		Disposal Date TBD	City, State Imperial, PA						
Completed By (Print or Type) John Heemer	Title Estimator	Signature 				Date 10/8/12			

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

RECEIVED

2012 NOV 20 AM 7:06

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11 / 14 / 12		Name of Building Owner/Operator (2) Ardagh Glass Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 401 E. Jackson St., Suite 2800	
		City, State, Zip Code Tampa, FL 33602	
		Name of Contact Helen P. Revelas	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ardagh Glass (former Anchor Glass Container Corp.)		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 83 Griffith St.		Square Feet	
City (5) Salem		# of Floors	
County (6) Salem		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Glass Container Manufacturing	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	
Street Address		Name of Abatement Contractor (9) n/a	
City, State, Zip Code		Street Address	
Project Manager for Monitoring Firm		City, State, Zip Code	
Telephone No.		Telephone No.	
Start Date (10) 11 / 26 / 12		License No.	
Scheduled Completion Date (11) 12 / 16 / 12		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: _____ AM- _____ PM/ _____ PM- _____ AM		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		City, State, Zip Code	
		<input 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) 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

n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No asbestos containing material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
disturbed or removed.	<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"/>

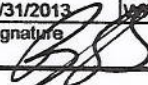
Name of Registered Waste Hauler n/a		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed By (Print or Type) Helen P. Revelas		Title EHS Supervisor	Signature <i>Helen P. Revelas</i>		Date 11/14/12

CK 23.515

Date of Notification (1) 11 / 19 / 12		Name of Building Owner/Operator (2) NOVARTIS PHARMACUTICALS CORPORATION							
Agencies Notified		Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		1 HEALTH PLAZA							
Type Notification		City, State, Zip Code							
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		EAST HANOVER, NEW JERSEY 07936							
		Name of Contact							
		PETER GEANNAKOPOULOS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
NOVARTIS - EAST HANOVER		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)							
Street Address		Square Feet	# of Floors						
1 HEALTH PLAZA		50,000	Bldg. Age 48						
County (5)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
EAST HAVER	MORRIS	VACANT							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
ASCN No. HILLMAN ENVIRONMENTAL 17		PAR ENVIRONMENTAL CORPORATION							
Street Address		Street Address							
1600 ROUTE 22 EAST		313 SPOOK ROCK ROAD							
City, State, Zip Code		City, State, Zip Code							
UNION, NEW JERSEY 07083		SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm		Telephone Number	License Number						
MICHAEL NEHLSEN		908-688-7800	845-369-7500 / 460						
Expected State Date (10)		Name of OSHA Monitor							
11 / 21 / 12		QUALITY ENVIRONMENTAL							
Sched. Completion Date (11)		Street Address							
Month Day Year		1376 ROUTE 9							
Month Day Year		City, State, Zip Code							
WEDNESDAY 2PM-11PM FRI., SAT., SUN.-7AM-3:30PM/4PM-12AM		WAPPINGERS FALLS, NEW YORK 10016							
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: WEDNESDAY 2PM-11PM FRI., SAT., SUN.-7AM-3:30PM/4PM-12AM									
Scope of Work (Check all that apply)									
<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encls. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure									
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
1ST FLOOR- MEZZANINE		X		SPRAY ON FIREPROOFING	6,500 SF	X			
1ST FLOOR- MEZZANINE		X		FLOOR TILE	8,500 SF	X			
MER ROOM - 2ND FLOOR		X		FIREPPROOFING	660 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
GLOBAL WASTE INDUSTRIES INC.		22147	150	MINERVA ENTERPRISES LLC					
699 WASHINGTON STREET				8955 MINERVA ROAD S.E.					
City, State		Disposal Date		City, State					
HACKETTWN, NEW JERSEY 07840		10/16/12 - 02/30/2013		WAYNEBURG, OHIO 44688					
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS		(Signature)		11/19/12			

[illegible]

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

Date of Notification (1) 11 / 1 /12		Name of Building Owner/Operator (2) NOVARTIS PHARMACUTICALS CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NEW JERSEY 07936	
Name of Contact PETER GEANNAKOPOULOS		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NOVARTIS -EAST HANOVER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HEALTH PLAZA		Square Feet 50,000	# of Floors 4
City (5) EAST HAOVER		County (6) MORRIS	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN ENVIRONMENTAL		ASCM No. 17	Current Use (Prior if being demolished) VACANT
Street Address 1600 ROUTE 22 EAST		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code UNION, NEW JERSEY 07083		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm MICHAEL NEHLSSEN		Telephone Number 908-688-7800	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 10 / 16 /12		Sched. Completion Date (11) 1 / 31 /13	Telephone Number 845-369-7500
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 4 PM - 12:30 AM SATURDAY 12 PM-8 PM		License Number 460	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES INC. 699 WASHINGTON STREET City, State HACKETTOWN, NEW JERSEY 07840		NJDEP Waste Hauler ID No. 22147	Cubic Yards of Waste 100
Name of Registered Landfill MINERVA ENTERPRISES LLC 8955 MINERVA ROAD S.E. City, State MAYNESBURG, OHIO 44688		Disposal Date 10/16/12 - 01/31/2013	Signature 
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Date 11/1/12

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Date of Notification (1) 10 / 26 /12		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #2 <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact MARY BETH BAKER	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE		Square Feet 1,500	# of Floors N/A
City (5) RAHWAY		Bldg. Age 59	
County (6) UNION		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Current Use (Prior if being demolished) 500,000 GALLON FUEL OIL TANK T 100	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		City, State, Zip Code SUFFERN, NEW YORK 10901	
Expected State Date (10) 10 / 26 /12		Telephone Number 845-369-7500	
Sched. Completion Date (11) 11 / 15 /12		License Number 460	
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 checked="" type="checkbox"/> Other - Describe MON-SAT. 7AM-3:30PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		Street Address 117 EAST 30TH STREET	
<input checked="" type="checkbox"/> Renovation		City, State, Zip Code NEW YORK, NEW YORK 10016	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Amount (Specify SF or LF)	
ROOF - T100 TANK		BUILT UP ROOFING	
1,500 SF		REMOVAL	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Disposal Date 10/26-11/15/12	
Title DIRECTOR OF OPERATIONS		Signature [Signature]	
Date 10/26/12		Date 10/26/12	

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