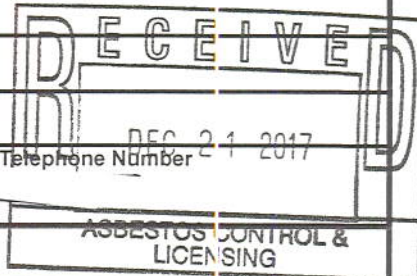


PAID

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

Check # 3003

Date of Notification (1) 12 / 19 / 17		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.	
Agencies Notified		Street Address 3551 LAWRENCEVILLE ROAD	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code PRINCETON, NJ 08540	
<input type="checkbox"/> DOH	<input type="checkbox"/> Amended	Name of Contact NICOLE MOSKAL	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number DEC 21 2017	
<input type="checkbox"/>	<input type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/>	<input type="checkbox"/> Cancellation		



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB			Type of Facility (4)		
Street Address 3551 LAWRENCEVILLE ROAD			<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.)		
City (5) PRINCETON	County (6) MERCER	County Code (7)	Square Feet 116,850	# Of Floors 3	Building Age 40+
Current Use (Prior if being demolished) OFFICE					

Name of Monitoring Firm Hired by Bldg. Owner (8) EAGLE INDUSTRIAL HYGIENE ASSOCIATION, INC.		ASCM NO.		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 359 DRESHER ROAD		Street Address 32 Williams Parkway		City, State, Zip Code East Hanover, NJ 07936	
City, State, Zip Code HORSHAM, PA 19044		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm MARK HAYS		Telephone Number 215-672-6088		Telephone Number 973-884-8682	
Sched. Start Date (10) 01 / 08 / 18		Sched. Completion Date (11) 04 / 20 / 18		License Number 00860	

Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	Street Address 32 Williams Parkway		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____	City, State, Zip Code East Hanover, NJ 07936		
<input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM MON-FRI			

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <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			R E M O V E M E N T	E N C L O S U R E	P A P E R	S U L C A P S U L E
MOD B, 4TH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHEETROCK/JOINT COMPOUND	60,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 4TH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 4TH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT MASTIC	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL	
City, State EAST HANOVER, NJ			Disposal Date	City, State MORRISVILLE, PA	

Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 12/19/17
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Location of Asbestos Containing <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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 3RD FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHEETROCK/JOINT COMPOUND	60,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 3RD FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 3RD FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT MASTIC	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 2ND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHEETROCK/JOINT COMPOUND	60,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 2ND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 2ND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT MASTIC	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 1ST FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B THRU OUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE SADDLES	100 EA	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

RECEIVED

DEC 21 2017

ASBESTOS CONTROL & LICENSING

Ch 20842

Date of Notification (1) December 18, 2017		Name of Building Owner/Operator (2) PPG Industries Inc.	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One PPG Place	
		City, State, Zip Code Pittsburgh, PA 15272	
		Name of Contact Jody Overmeyer	Telephone Number -

Name of Facility Where Abatement is Taking Place (3) 78 Halladay Street		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.)	
City (5) Jersey City	Square Feet 30000	# of Floors 2	Blq. Age blt 1927
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Labs	ASCM No.	Name of Abatement Contractor (9) Abatement Unlimited, Inc.	
Street Address 2333 Rte 22 West	City, State, Zip Code Union, NJ 07083	Street Address 4332 Bullard Avenue	City, State, Zip Code Bronx, NY 10644
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973 494-3762	Telephone No. 718 994-1374	License No. 01067

Start Date (10) January 8, 2018	Scheduled Completion Date (11) September 1, 2018	Name of OSHA Monitor Abatement Unlimited, 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 4332 Bullard Avenue	
		City, State, Zip Code Bronx, NY 10466	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<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
1st & 2nd Fl. Offices			X	Floor Tile	4,700 SF	X			
Roof - South, North, Upper Main			X	Builtup Roof	26,800 SF	X			
Ext - Window Caulk N, S, E, W			X	Window Caulk	1,600 LF	X			

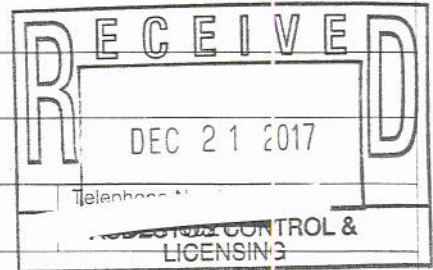
Name of Registered Waste Hauler 1. ATC 2. Weigle Trucking 3. Bryce Alterior Tr 2. NJ DEP#17634 3. NJDEP#35848	NJDEP Waste Hauler ID No. 1. SW-24310	Cubic Yards of Waste as needed	Name of Registered Landfill Minerva Enterprises
City, State 1. Shirley, NY 2. Linden PA 3. Milesburg PA	Disposal Date TBD	City, State Waynesburg, OH	
Completed by John Barone	Title Senior Project Manager	Signature <i>John Barone</i>	Date 12/18/17

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

CK # 5119

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Date of Notification (1) 12-18-2017		Name of Building Owner/Operator (2) Cresmont County Club	
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"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 750 Eagle Rock ave City, State, Zip Code West Orange, NJ 07052 Name of Contact Lou Weiss



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cresmont County 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 & commercial buildings, homes, etc.)		
Street Address 750 Eagle Rock Ave		Square Feet 15,000	# of Floors 1	Blg. Age 7(+)
City (5) West Orange		Current Use (Prior if being demolished) Golf Club		
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environmental Solutions, LLC		
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environmental Solutions, LLC		ASCM No. _____	Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 2333 Route 22 West		Street Address 16 Glenwild Ave		
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Bloomingdale, NJ 07403		
Project Manager for Monitoring Firm Rick Eustaguito		Telephone No. 908-206-0073	Telephone No. 973-928-3995	License No. 01181
Start Date (10) 12-29-2017	Scheduled Completion Date (11) 01-01-2018	Name of OSHA Monitor Hazmat Diagnostic LLC		
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 16 Glenwild Ave		
		City, State, Zip Code Bloomingdale, NJ 07403		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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
Men's Lounge Area			X	Double Layer VAT/Mastic	120SF	X			
Men's Lounge Area			X	Thermal System Insulation	175LF	X			

Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill	
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Tatiana Rotaru	Title Administrative Assistant	Signature 		Date 12-18-2017	