

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 18:60-7 AND 12:120-7)

Check # 30419

PAID

RECEIVED
FEB 27 2018
732-227-5000

Date of Notification (1) 02 / 23 / 18		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address ONE SQUIBB DRIVE		City, State, Zip Code NEW BRUNSWICK, NJ 08903	
Name of Contact PHIL DESPIRITO		Telephone Number 732-227-5000	

FACILITY INFORMATION

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB			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 ONE SQUIBB DRIVE			Square Feet 80,000		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7)	# Of Floors 3	Building Age 40+	
Current Use (Prior if being demolished) FORMER BLD. 80/84 LOCATION					
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM NO. 0104		
Street Address 655 WEST SHORE TRAIL			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code SPARTA, NJ 07871			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm WILLIAM KERBEL			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 973-729-5649			Telephone Number 973-884-8682		
Sched. Start Date (10) 03 / 12 / 18			Sched. Completion Date (11) 04 / 20 / 18		
License Number 00860					
Occupancy Status During Abatement (Check Only 1) <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: 7:00 AM-3:30 PM			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)

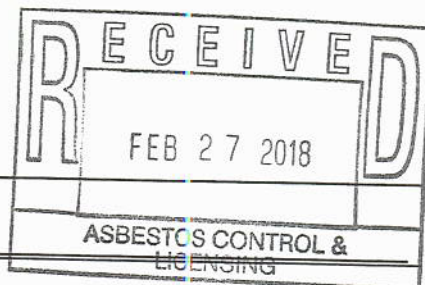
- | | | |
|--|--|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3sf or ≥3lf | | <input type="checkbox"/> Mini - Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" 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			
				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
	YES NO N/A						
AVENUE C	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	STEAMLINE PIPE	400 LF	<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 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 02/23/18
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D&S Proj. #: 18-46

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1) 02/16/17		Name of Building Owner/Operator (2) the estate of Ana	
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		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code doover, nj 07801	
		Name of Contact mary rosica	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) mary rosica			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) doover	County (6) MORRIS	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 03/05/18		Sched. Completion Date (11) 03/30/18	License Number 01169		
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: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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)	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						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	390 lf	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/06/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/16/2018

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

RECEIVED Print Form
FEB 27 2018
ASBESTOS CONTROL & LICENSING

NO CH

Date of Notification (1)
2/26/18

Name of Building Owner/Operator (2)
44 Pleasant Partners, LLC

Street Address
16 Microlab Road, Suite A

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Ricky Quesenberry

Telephone Number

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence

Street Address
[REDACTED]

City (5)
Montclair

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
4,500

of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Unoccupied Residence

Name of Monitoring Firm Hired by Building Owner (8)
Vertex Engineering

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
700 Turner Industrial Way, Suite 105

Street Address
303 B National Road

City, State, Zip Code
Aston, PA 19014

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Dave Turotsy

Telephone No.
610-558-8902

Telephone No.
484-872-8884

License No.
01161

Start Date (10)
2/21/18

Scheduled Completion Date (11)
3/1/18

Name of OSHA Monitor
EMSL

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address
200 Route 130

City, State, Zip Code
Cinnaminson, NJ

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☒ Demolition
☒ Full Containment with 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) (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			X	TSI and residual TSI on elbows	21 LF	X			
Crawl space and basement floor			X	TSI debris	20 SF	X			
Basement			X	Flue Pack	3 SF	X			
2nd floor restroom			X	Linoleum	35 SF	X			

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
4

Name of Registered Landfill
GROWS Landfill

City, State
Trenton, NJ

Disposal Date
TBD

City, State
Morristown, PA

Completed by
Jack Bally

Title
Sr. Project Manager

Signature
Jack Bally

Date
3/1/18

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FEB 27 2018

[illegible]