STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT JRSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Martie of Eurilding Owner / Operator (2) BRIS OL MYERS SQUIBB, INC. Street Address 23 18 encies Notified Type of Notification ONE SQUIBB DRIVE **EPA** Initial City, State, Zip Code DEP Amended NEW BRUNSWICK, NJ 08903 1 DOH Amendment # Name of Contact Telephone Number V DOL Emergency w/ justification PHIL DESPIRITO 32-227-5000 Cancellation FACILITY INFORMATION ASBESTOS CONTROL & LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BRISTOL MYERS SQUIBB П School (K-12) Street Address Subchapter 8 (Other than K-12) ONE SQUIBB DRIVE Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** NEW BRUNSWICK MIDDLESEX 80,000 Current Use (Prior if being demolished) 40+ FORMER BLD. 80/84 LOCATION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. 0104 NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway SPARTA, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number WILLIAM KERBEL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 18 04 18 973-884-8682 00860 cupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway Other - Describe: \_\_ 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure 1 >160 sf or >260 If V Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount E R N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P (13)by Mainor other miscellaneous) V 0 A tenance/ A S S 1 Custodial U Staff (12) R YES NO N/A AVENUE C STEAMLINE PIPE 400 LF THIF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP INC WASTE MANAGEMENT - FAIRLESS HILL LANDFILL Hauler ID No. Yards 30534 of Waste ty, State Disposal City. State LAST HANOVER, NJ Date MORRISVILLE, PA Completed by (Print or Type) Title Signature Steve Stiles Project Manager 02/23/18 ASB-41

| D&S Proj. #: 18-46                              | K7:                              | 045                      | Noti<br>(Pur | ification of suant to NJA       | e of shes      | tos Abatement<br>do and 12:120)            |           |                       | E C<br>FEB           | E 2           |          |             |              |  |
|---|----------------------------------|--------------------------|--------------|---------------------------------|----------------|--|-----------|-----------------------|----------------------|---------------|----------|-------------|--------------|--|
| Date of Notification (1)                        |                                  | Name of E                | Building Ov  | wner/Operator (2                | 2)             | _  |           | 144                   | 1 L U                | ۲ ،           | 20       | 110         | 15           |  |
| 0 2 / 1 6 / 1 7                                 |                                  | the esta                 | te of Ana    |                                 |                |  |           |                       | ACDECT               | 0.0           | Decrinos | -           |              |  |
| Agencies Notified Type Notifi  EPA Initial      | cation                           | Street Add               |              |                                 |                |  |           | -                     | ASBEST(              | ENS           | UNTI     | ROL         | <u>&amp;</u> |  |
| ☐ DEP ☐ Amended                                 |                                  |                          |              |                                 |                |  |           |                       |                      | S COPPLESSOR  |          | THE RESERVE |              |  |
| DOL Amendmen                                    | t#:                              | City, State              | , Zip Code   |                                 | -112.512       |  |           |                       |                      | _             |          | _           |              |  |
| Li Emergen                                      |                                  | dover,                   | nj 0780      | 1                               |                |  |           |                       |                      |               |          |             |              |  |
| DOH (including justification                    |                                  | Name of C                | ontact       |                                 |                |  |           | Teleph                | one Numb             | er            |          |             |              |  |
| DCA Cancellate                                  | ion                              | mary ro                  | osica        |                                 |                |  |           | 1                     |                      |               |          |             |              |  |
|   |                                  |                          | FA           | CILITY INFORM                   | ΛΔΤΙΟ          | )NI  | _         |                       |                      | _             |          |             |              |  |
| Name of facility where abatement                | nt is taking r                   | place (3)                |              | OILITT INTO OILIV               | mATIC.         |  | 1-        |                       |                      |               |          |             |              |  |
|   | 9,                               | (0)                      |              |                                 |                |  | Type      | of Facility<br>School | / (4)<br>ool (K - 12 | )             |          |             |              |  |
| mary rosica Street Address                      |                                  |                          |              |                                 |                |  | أ ا       | =                     | hapter 8 (           |               | than     | K-12)       |              |  |
| Olicet Address                                  |                                  |                          |              |                                 |                |  |           | Other                 | r (Private/          | omm           |          |             |              |  |
|   |                                  |                          |              |                                 |                |  | Saus      | Bldgs<br>re Feet      | # of Floo            |               | 1 6      | Olda        | A = =        |  |
| City (5)  | Cor                              | unty (6)                 |              |                                 | Co             | ounty Code (7)                             | Oqua      | ie reet               | # 01 F100            | ) S           | '        | Bldg. /     | Age          |  |
| dover   | 1,4                              | ODDIG                    |              |                                 |                | tate use only)                             | Curre     | ent Use (I            | Prior if bei         | ra de         | nolisi   | ned)        |              |  |
| Name of Monitoring Firm Hired b                 | v Bldg Owr                       | ORRIS                    |              | 1 4001111                       | L,             | 1  |           |                       |                      |               |          |             |              |  |
| J   | , Diag. Owi                      | ici (b)                  |              | ASCM No.                        |                | Name of Abatement                          |           | Ø. 78                 |                      |               |          |             |              |  |
| Street Address                                  |                                  |                          |              |                                 | _              | D & S RESTOR                               | ATION     | , INC.                |                      | 13            |          |             |              |  |
|   |                                  |                          |              |                                 |                | Street Address                             |           |                       |                      |               |          |             |              |  |
| City, State, Zip Code                           |                                  |                          |              |                                 | _              | 20 California Av<br>City, State, Zip Code  | e.        |                       |                      |               |          |             |              |  |
|   |                                  |                          |              |                                 |                | Paterson, NJ 07:                           | 502       |                       |                      |               |          |             |              |  |
| Project Manager for Monitoring Fir              | one Numb                         | per                      | -            | Telephone Number                | License Number |  |           |                       |                      |               |          |             |              |  |
|   |                                  |                          |              |                                 | 973-345-8020   |  | 01169     |                       |                      |               |          |             |              |  |
| Start Date (10)                                 | Sche                             | d. Completio             | on Date (1   | 1)                              | -              | Name of OSHA Monit                         |           |                       |                      |               |          |             |              |  |
| 03/05/18  | 03/3                             | 0/18                     |              |                                 |                | D & S Restoration                          | n, Inc.   |                       |                      |               |          |             |              |  |
| Occupancy Status During Abateme                 | ent (Check o                     | only one)                |              | Live Through                    | $\dashv$       | Street Address                             |           |                       |                      |               |          |             |              |  |
| ☐ Facility closed/vacated during                | entire peri                      | od of abate              | ment.        |                                 |                | 20 California Ave<br>City, State, Zip Code | enue      |                       |                      |               |          |             |              |  |
| Abatement performed outsid<br>Describe:         |                                  | facility hour            | s-           |                                 |                | ony, otate, zip code                       |           |                       |                      |               |          |             |              |  |
| Other-Describe: NORMAL                          |                                  |                          |              |                                 | -1             | Paterson, NJ 075                           | 03        |                       |                      |               |          |             |              |  |
| Scope of Work (check all that app               | ly)                              |                          |              |                                 |                | ПЕ   | ull Conta | inment v              | v/negative           | nress         | ure      |             |              |  |
|   | Renovation                       | n                        |              |                                 |                | □ N  | lini-encl | osure                 |                      | <b>P</b> .000 | uio      |             |              |  |
| ≥160 sf or ≥260 lf                              | Demolition                       | 1                        |              |                                 |                |  |           | procedu               |                      |               |          |             |              |  |
| Location of                                     | Is location                      | n normally usenance/cust | sed solely   |                                 |                |  | J. LAGI   | ptcu ( )              | and Non-             | R             | Proc     | edure<br>E  |              |  |
| asbestos-containing<br>material (acm) to be     | staff(12)                        | mance/cust               | oulal        | Description                     | n of a         | sbestos-containing                         |           | mount                 | _                    | e<br>m        | e<br>p   | n           | E<br>n       |  |
| abated in facility (13)                         | Yes                              | No                       | N/A          | material (A                     | (CM)           |  |           | Specify S<br>F)       | F or                 | 0             | а        | a           | C            |  |
| BASEMENT  |                                  |                          |              | DIDE DIGIT                      |                |  |           | 9).                   |                      | v<br>e        | i<br>r   | р           | -            |  |
|   |                                  |                          |              | PIPE INSUL                      | ATI            | HON  |           | 390 l ft              |                      | X             |          |             |              |  |
|   |                                  |                          |              |                                 |                |  | -         |                       |                      |               |          |             |              |  |
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|   |                                  |                          |              |                                 |                |  | -         |                       |                      | 빍             | 屵        | 닏           | <u> </u>     |  |
| Registered Waste Hauler D & S RESTORATION, INC. |                                  | P Hauler ID              |              | ibic Yards of Wa                | aste           | Name of Registered L                       | andfill   |                       |                      |               |          | Ц           |              |  |
| City, State                                     | 135                              |                          |              | yds                             |                | TULLYTOWN, R                               |           | RCE RE                | COVER                | Y             |          |             |              |  |
| PATERSON, NJ 07503                              |                                  |                          | 03/06/18     |                                 |                | City, State                                |           |                       |                      |               |          |             |              |  |
| Completed by (Print or Type)                    | Title                            |                          | 1            | Signature                       | _              | TULLYTOWN, P                               | Α         |                       |                      |               |          |             |              |  |
| BOGDAN JOLDZIC                                  | PRESIDE                          | ENT                      |              | JJ                              |                |  |           |                       | Date<br>02/16/       | 0010          |          |             |              |  |
| ASB-41 *  | Do not use this form for asbesto |                          |              | s licensure exempted activities |                |  |           | _02/16/2018           |                      |               |          |             |              |  |

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| 00 Ch   |  | NO                        | TIFICAT<br>(Pursua | State of I<br>ION OF AS<br>ant to NJA                   | SBESTO                   | SABATE   | EMENT<br>20)  |                                 | FEB                | E 27              | -           | Prin      |  |  |
|---|--|---------------------------|--------------------|---|--------------------------|--|---|---------------------------------|--------------------|-------------------|-------------|-----------|--|--|
| Date of Notification (1)  |  |                           | Nam<br>44 I        | e of Buildir<br>Pleasant                                | ng Owne<br>Partne        | r/Operato  | r (2)   |                                 | I LU               |                   |             | 10        |  |  |
| Agencies Notified Type Notificati   | 7 FOR  |                           |                    |   |                          | Street Address  16 Microlab Road, Suite A  ASDESTOS CONT LICENSING |   |                                 |                    |                   |             |           |  |  |
| DEP Amended Amended   | ent#   |                           | City.              | State, Zip  | Code                     |  |   |                                 |                    |                   |             |           |  |  |
| DOH Emergence justification   | y (includi   | ng                        |                    | Livingston, NJ 07039  Name of Contact  Telephone Number |                          |  |   |                                 |                    |                   |             |           |  |  |
| Cancellati  | on   |                           |                    | y Quese   |                          |  |   |                                 |                    |                   |             |           |  |  |
| Name of Facility Where Abatement is Tal                                   | ing Place  | (3)                       | FA                 | CILITY IN   | FORMA                    | TION   | Type of Facility  | - (4)                           | 1                  |                   |             | _         |  |  |
| Residence Street Address City (5)   |  |                           |                    |   |                          |  | School (K. Subchapte  |                                 | n K-12)<br>mercial | buildin           | js. hoi     | mes.      |  |  |
| Montdair  |  |                           |                    |   |                          |  | Square Feet<br>4,500  | # of Floor                      | rs                 | Bldg<br>50+       | . Age       |           |  |  |
| County (8)<br>Essex   |  |                           | Count<br>(STATI    | y Code (7)<br>E USE ONL                                 | n                        |  | Current Use (Pr<br>Unoccupied                                     | rior if being der<br>Residence  | molished           | 1000              |             |           |  |  |
| Name of Monitoring Firm Hired by Building<br>Vertex Engineering           | Owner (  | 8)                        | ASC                | CM No.  |                          |  | of Abatement Co   |                                 |                    |                   |             |           |  |  |
| Street Address  |  |                           |                    |   | Address                  |  |   |                                 |                    |                   |             |           |  |  |
| 700 Turner Industrial Way, Suite City, State, Zip Code                    | 105  |                           |                    |   |                          |  | National Ro   | ad                              |                    |                   |             |           |  |  |
| Aston, PA 19014   |  |                           |                    |   |                          |  | ate, Zip Code   |                                 | -                  |                   |             |           |  |  |
| Project Manager for Monitoring Firm<br>Dave Turotsy                       |  |                           | Teleph             | one No.   |                          | - E  | n, PA 19341<br>one No.  | Licer                           | ise No.            |                   |             |           |  |  |
| Start Date (10)   |  | 610-558-8902 484-872-8884 |                    |   |                          |  | 01161   |                                 |                    |                   |             |           |  |  |
| 2/21/18   | 3 1 19   FMSI  |                           |                    |   |                          | of OSHA Monitor  | SHA Monitor   |                                 |                    |                   |             |           |  |  |
| Chaupancy Status During Abatement (Che                                    |  | ne)                       |                    |   |                          | Street A   |   |                                 |                    |                   |             |           |  |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr | Period of<br>nal Facilit   | Abater<br>y Hour          | ment<br>s          |   |                          |  | toute 130<br>ate, Zip Code  |                                 |                    |                   |             |           |  |  |
| Other - Describe:Scope of Work (Check All That Apply)                     |  |                           |                    |   | _                        |  | minson, NJ  |                                 |                    |                   |             |           |  |  |
| ≥3 sf or ≥3 if<br>≥160 sf or ≥260 if                                      |  | Renova<br>Demolii         |                    |   |                          | ×  | Full Containme<br>Mini-Enclosure<br>Glovebag Prod<br>Non-Exempted | edure                           |                    |                   | re          |           |  |  |
| Location of   | Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) |                           |                    |   | Description of           |  |   |                                 |                    | Aba ement<br>Type |             |           |  |  |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)          |  |                           |                    | Asbestos Containing Mater                               |                          |  | terial (ACM)<br>nsulation,<br>or                                  | Amount<br>(Specify<br>SF or LF) | Removal            | Repair            | Encapsulate | Enclosure |  |  |
|   | Yes  | No                        | N/A                |   |                          |  |   |                                 | <u>B</u>           |                   | ate         | lle.      |  |  |
| Crawl space and because 4.6   |  |                           | X                  | TSI and   | d resid                  | ual TSI  | on elbows   | 21 LF                           | Х                  | 1                 |             |           |  |  |
| Crawl space and basement floor  Basement                                  |  |                           | X                  |   |                          | debris   |   | 20 SF                           | Х                  |                   |             |           |  |  |
| 2nd floor restroom  |  |                           | X                  |   |                          | e Pack   |   | 3 SF                            | Х                  |                   |             |           |  |  |
| ame of Registered Waste Hauler  | NJDEP Waste  |                           |                    | nata T  |                          | oleum  |   | 35 SF X                         |                    |                   |             |           |  |  |
| aste Management   |  |                           | iuler ID I         | No.   | Cubic Y<br>of Waste<br>4 |  | Name of R   | egistered Land<br>Landfill      | dfill              |                   |             |           |  |  |
| ty. State<br>enton, NJ  |  |                           |                    |   | Disposa<br>TBD           | l Date   | City, State   |                                 |                    |                   |             |           |  |  |
| ompleted by<br>ick Bally  | Title<br>Sr. Pr  | oject                     | Manag              |   |                          | nature   | Morristov   | , T                             | Date 3/1/          |                   |             | _         |  |  |

o not use this form for asbestos licensure exempted activities.

ecoservices, LLC

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|  |  |  |  | Armi Ituni       |                       |        |             | Baseco   |  |
|--|--|--|--|------------------|-----------------------|--------|-------------|----------|--|
| Location of  | Is location normally                               |  | Amo<br>(Specify S  |                  | Abatement Type        |        |             |          |  |
| Asbestos Containing Material (ACM)<br>To Be Abated<br>In Facility  | used solely by<br>Maintenance/<br>Custodial Staff? | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other |  | unt<br>SF or LF) | ASBES<br>L<br>Removal | SOS CO | NTROL<br>IG | &        |  |
|  | Yes No N/A   | miscellaneous)   |  |                  | Removal               | Repair | Encap       | Enclosur |  |
| Roof   | N/A  | Tar on chimney   | 30   | SF               | х                     |        |             |          |  |
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