

CHUCK #
3369

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

Date of Notification (1) 7/18/14		Name of Building Owner/Operator (2) BOA MOUSE	
Agencies Notified BOA MOUSE	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. BOX 322	
		City, State, Zip Code BRIGANTINE, N.J. 08203	
		Name of Contact SAUE	Telephone Number ---
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial dwelling homes, etc.)	
Address 9 HAMILTON PLACE		Square Feet 1000	Boys Age 40
City, State, Zip Code BRIGANTINE		County Code (7) (STATE USE ONLY) ATLANTIC	Current Use (Prior to being demolished) VACANT
Name of Monitoring Firm Hired by Building Owner NA	ASCM No. ---	Name of Abatement Contractor (9) KEMCO INC.	
Address ---		Street Address 369 S. SPRUCE AVE	
State, Zip Code ---		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Person Manager for Monitoring Firm ---		Telephone No. 856-774-0422	License No. 010744
Start Date 7/29/14	Scheduled Completion Date (11) 8/29/14	Name of OSHA Monitor JOSEPH KEMCO	
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		Street Address 369 S. SPRUCE AVE	
Other Describe ---		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Check all that apply (Check all that apply) <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (1) and Non-Friable Procedure			
Location of Asbestos Containing Material (ACM) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) NO	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE
Amount (Spec. SF or LB) 2500		Amount (Spec. SF or LB) 2500	
Name of Waste Handler KEMCO INC.		Cubic Yards of Waste ---	Name of Registered Carrier ACUA
Address MAPLE SHADE, N.J.		Disposal Date ---	City, State BRIGANTINE, N.J.
Signature JOSEPH KEMCO		Title V/P	Signature ---
Date 7/18/14		Date 7/18/14	

* Do not use this form for asbestos licensure exempted activities

NO CK

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

2014 JUL 23 PM 3:49

Date of Notification (1) 7 / 16 / 14			Name of Building Owner/Operator (2) PSEG						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input 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 4000 Hadley Road City, State, Zip Code South Plainfield, NJ 07080 Name of Contact Gregory Player Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) PSEG Belleville Substation			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 747 Main Street			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
City (5) Belleville, NJ			County Code (7) (STATE USE ONLY)						
County (6) Essex			Current Use (Prior if being demolished) Substation						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111	License No. 01136					
Start Date (10) 7 / 28 / 14		Scheduled Completion Date (11) 8 / 11 / 14		Name of OSHA Monitor Same as above					
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 N/A						
			City, State, Zip Code N/A						
Scope of Work (Check all that apply)									
<input checked="" 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 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) <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
Exterior Ductbank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	300 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S7107		Cubic Yards of Waste 100 yds	Name of Registered Landfill Conestoga Landfill				
City, State Flanders, NJ		Disposal Date 8/11/14		City, State Morgantown, PA					
Completed By (Print or Type) Michael DiMaria		Title Project Manager		Signature <i>Michael DiMaria</i>		Date 7/16/14			

775

Print Form

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

2014 JUL 23 PM 3:00
RECEIVED
NJ DEPT OF ENVIRONMENT & LICENSING

Date of Notification (1) 07/15/14		Name of Building Owner/Operator (2) Archdiocese of Newark							
Agencies Notified	Type Notification	Street Address 171 Clifton Ave.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ 07104							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rev. John Ferrara	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Family Church / Rectory		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 28 Brookline Ave.		Square Feet 4500	# of Floors 2						
City (5) Nutley		Bldg. Age 100+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Rectory							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-406-7341						
Start Date (10) 07/25/14		Scheduled Completion Date (11) 08/01/14	License No. 01107						
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: _____		Name of OSHA Monitor Leslaw Nalodka							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 156 Maple Ave.							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Wallington, NJ 07057							
<input type="checkbox"/> Full Containment with Negative Pressure <input 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawlspace		*		pipe insulation	240lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S					
City, State Newark, NJ		Disposal Date 08/02/14		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President		Signature <i>L Nalodka</i>			Date 07/15/14		

ck #
1617
2014 JUL 23 PM 3:44
ENVIRONMENTAL CONTROL & LICENSING

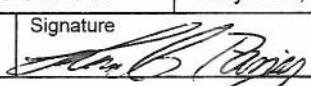
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/17/2014		Name of Building Owner / Operator (2) Woolston Contruction	
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 <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address PO Box 86 City, State & Zip Code Bordentown, NJ Name of Contact Ritch Woolston
			Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		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 3837 Crosswicks Hamilton Sq Road		Square Feet exterior	
City (5) Hamilton	County (6) Mercer	County Code (7)	# of Floors exterior
			Bldg. Age exterior
		Current Use (Prior if being demolished) Not in use	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental Services
Street Address			Street Address PO Box 8297
City, State & Zip Code			City, State & Zip Code Trenton, NJ
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 609-847-2956
			License Number 01222
Scheduled Start Date (10) 7/22/2014	Scheduled Completion Date (11) 7/24/2014		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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT
			Amount (Specify SF or LF) 120sf
		Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 1
City, State Trenton, NJ		Disposal Date various	Name of Registered Landfill Grows Landfill
			City, State Morrisville, PA
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>
			Date 7/17/2014

CK 000196

Print Form

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

Date of Notification (1) 07-17-2014		Name of Building Owner/Operator (2) Sally A Dankos		2014 JUL 23 PM 3:43					
Agencies Notified	Type Notification	Street Address 24 Birchwood Rd.		City, State, Zip Code Denville, NJ, 07834-1202					
<input 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	Name of Contact Sally A Dankos		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence			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 24 Birchwood Rd.			Square Feet	# of Floors	Bldg. Age				
City (5) Denville, NJ			Current Use (Prior if being demolished)						
County (6) Morris		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC					
Street Address		Street Address 522 7th Street							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 07-29-14		Scheduled Completion Date (11) 07-30-2014		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 522 7th Street					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 08:00 AM - 05:00 PM				City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" 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
Basement		x		Pipe Insulation	120 LF	x			
Attic		x		Vermiculite Insulation	20 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City NJ 07087		Disposal Date 08-01-2014		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager		Signature 		Date 07-17-2014			

State of New Jersey - Notification of Asbestos Abatement

CK 11087

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) July 16, 2011		Name of Building Owner/Operator (2) Celgene Corporation	
Agencies Notified X EPA DCA x DOL X DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 86 Morris Avenue		City, State, Zip Code Summit, NJ 07901	
Name of Contact Ms. Kim Hope, Environmental H&S		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Celgene 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 (i.e. private & commercial buildings, homes, etc.)	
Street Address 86 Morris Avenue		Sq. Feet: 50k # of Floors: 3 Bldg. Age: 60 Plus years	
City (5) Summit	County (6) Morris	County Code (7) (State Use Only)	Current Use (prior if being demolished): Administrative Offices/Research Facilities
Name of Monitoring Firm Hired by Bldg. Owner (8) McCabe Environmental Services, Inc.		ASCM No. 00118	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 464 Valley Brook Avenue # 3A		Street Address 268 MAIN STREET	
City, State, Zip Code Lyndhurst, NJ		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm John Chiavello		Telephone Number 732-438-4839	License Number 00840
Scheduled Start Date (10) 06.27.14		Scheduled Completion Date (11) 08.31.14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement- Not Sub 8 Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5pm - 5am And 24 Hours on Weekends (as needed)		Name of OSHA Monitor EMSL inc.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Location of Asbestos-Containing Material (ACM) in Facility (13) Various Areas Various Areas Various Areas 2nd Floor 3rd Floor		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI- Pipe Insulation TSI- Duct Insulation VAT, Transite, Bench Tops, Fire Doors (18 total) Fireproofing Fireproofing	
Amount (Specify SF or LF) 9 LF 150 LF 5,000 SF 100 SF 40 SF		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 60 CYDS		Name of Registered Landfill GROWS North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date August 31, 2014	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700	
Hauler # 3) Horizon Disposal Services, Inc. Trenton NJ 08611 NJDEP # 22612			

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<u>Completed by (Print or Type)</u> Raymond C. Pedalino	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> July 16, 2014
---	---	--	-------------------------------------

GAC # 2014-451- Amendment # 2. Add ACM- Fireproofing 2nd & 3rd Floors

GAC Project # 451-14

Copies To: CELGENE CORP. Attn: Ms. Kim Hopf and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 451-14

<u>Date of Notification (1)</u> June 18, 2014		<u>Name of Building Owner/Operator (2)</u> CELGENE CORPORATION	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 86 MORRIS AVENUE	
		<u>City, State, Zip Code</u> SUMMIT, NJ 07901	
		<u>Name of Contact</u> MS. KIM HOPF -	<u>Telephone Number</u> 2024
		Environmental Health & Safety	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> CELGENE CORPORATION		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> 86 MORRIS AVENUE		<u>Sq. Feet:</u> 50,000 <u># of Floors:</u> 3 <u>Bldg. Age:</u> ~60+ years	
<u>City (5)</u> SUMMIT	<u>County (6)</u> MORRIS	<u>County Code (7)</u> (State Use Only)	<u>Current Use (prior if being demolished):</u> ADMINISTRATIVE OFFICES/ RESEARCH FACILITIES
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> McCABE ENVIRONMENTAL SERVICES, LLC		<u>ASCM No.</u> 00118	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 464 VALLEY BROOK AVENUE #3A		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> LYNDHURST, NJ		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> JOHN CHIAVELLO	<u>Telephone Number</u> 732-438-4839	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 06/27/14	<u>Scheduled Completion Date (11)</u> 07/31/14	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours 5PM - 5AM M-F And 24 Hours on WEEKENDS (as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Source of Work (Check all that apply)</u>			
<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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Cut & Wrap) <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Various Areas	<input checked="" type="checkbox"/>	TSI - PIPE INSULATION	9 LF
Various Areas	<input checked="" type="checkbox"/>	TSI - DUCT INSULATION ADHESIVE	150 LF
Various Areas	<input checked="" type="checkbox"/>	VAT, TRANSITE, BENCH TOPS, FIRE DOORS (~18 total)	5,000 SF
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc. Newark, NJ 04509	<u>NJDEP Waste Hauler ID #</u> NJ DEP # 4509	<u>Cubic Yards of Waste:</u> 60 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Notes:</u> None		<u>Disposal Date</u> 07/31/14	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> June 18, 2014

Copies To: CELGENE CORP. Attn: Ms. Kim Hopf and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello

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

Date of Notification (1) 07 / 22 / 14		Name of Building Owner/Operator (2) Verizon							
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 36 South Morris Street							
		City, State, Zip Code Dover, NJ 07801							
		Name of Contact Brian Kingsbury	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 36 South Morris Street									
City (5) Dover	Square Feet 150000	# of Floors 2	Bldg. Age 75						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ESIS	ASCM No. 56335	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 10 Exchange Place		Street Address 47 Foster Road							
City, State, Zip Code Jersey City, NJ 07392		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Brian Kingsbury	Telephone No. 908-956-1233	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 08 / 01 / 14	Scheduled Completion Date (11) 08 / 09 / 14	Name of OSHA Monitor Testor Tech							
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 Time of Abatement: _____ AM - _____ PM 5:00 PM - 3:00 AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
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 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) 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 Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	550SF	<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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 20	Name of Registered Landfill T.R.R.F				
City, State Newark, New Jersey		Disposal Date 08/09/14		City, State Tullytown Pa.					
Completed By (Print or Type) Ignatius Marraccino		Title Project Manager		Signature <i>Ignatius Marraccino</i>			Date 7-22-14		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 12:120)

DOL - 10 DAY

Date of Notification (1) 7-21-14		Name of Building Owner/Operator (2) Buckeye Perth Amboy Terminal, LLC 2/1/14					
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> OOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 1 Greenway Plaza Suite 600 City, State, Zip Code Houston, TX 77046	Telephone Number [Signature]				
Name of Contact Tom Leehan							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Buckeye Perth Amboy Terminal		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 380 Maurer		Square Feet 7500					
City (5) Perth Amboy		# of Floors 1					
County (6) Middlesex		Bldg. Age +/-100					
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) pipe rack					
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		Name of Abatement Contractor (8) Pepper Environmental Services, Inc.					
Street Address 617 Stokes Road, Suite 4-318		Street Address 2251 Fraley Street					
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Philadelphia, PA 19137					
Project Manager for Monitoring Firm Mark Rubinetz		Telephone No. 888-715-2211	License No. 01166				
Start Date (10) 7-22-14	Scheduled Completion Date (11) 7-25-14	Name of OSHA Monitor Finog Environmental					
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: outside removal		Street Address 617 Stokes Road, Suite 4-318 City, State, Zip Code Medford, NJ 08055					
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 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) 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
Outside removal			X	ACPI	100LF	X	
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage			
City, State Morrisville, PA		Disposal Date		City, State Libson, OH			
Completed by Jennifer Niven	Title Dir. of Operations	Signature [Signature]		Date 7-21-14			

A68-41

* Do not use this form for asbestos licensed exempted activities.

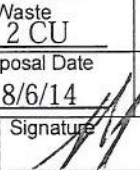
JUL 23 2014

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

Date of Notification (1) 7/22/14		Name of Building Owner/Operator (2) Federal Aviation Administration							
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 One Aviation Plaza JUL 23 2014 City, State, Zip Code Jamaica, NY 11434 Name of Contact Michael Mulligan Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Teterboro Air Traffic Control Tower				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 225 Fred Wehran Drive				Square Feet 5,000 # of Floors 6 Bldg. Age 40 years					
City (5) Teterboro		County (6) Bergen		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Control Tower					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 28 N. Pennell Road		City, State, Zip Code Media, PA 19063		Street Address 407 West Lincoln Highway, Suite 500 City, State, Zip Code Exton, PA 19341					
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 610-891-0114		Telephone No. 484-872-8884 License No. 01161					
Start Date (10) 8/1/14		Scheduled Completion Date (11) 8/10/14		Name of OSHA Monitor EMSL					
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: After midnight				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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) <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
Elevator Machine Room	X			Floor tile and mastic	400 SF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill				
City, State Exton, PA				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager			Signature <i>Jack Bally</i>			Date 7/22/14	

CK # 24596

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

Date of Notification (1) <u>7/21/14</u>		Name of Building Owner/Operator (2) <u>Manzanares</u>							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>212 Powers Street</u>							
		City, State, Zip Code <u>New Brunswick, NJ 08901</u>							
		Name of Contact <u>Leonor Manzanares</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		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 <u>212 Powers Street</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>						
City (5) <u>New Brunswick, NJ</u>		Bldg. Age <u>75+/-</u>							
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Lou Laureti</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>7/31/14</u>	Scheduled Completion Date (11) <u>8/6/14</u>	Name of OSHA Monitor <u>MECS</u>							
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: <u>8am - 4pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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) 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
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Pipe Insulation</u>	<u>120 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/6/14</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 				Date <u>7/21/14</u>			

D&S Proj. #: 2014-292

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

Date of Notification (1) 10/17/11/18/11/14		Name of Building Owner/Operator (2) kim shepcaro	
Agencies Notified	Type Notification	Street Address 60 fair hill drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code WESTFIELD, NJ 07090	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact shari holtzman	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) kim shepcaro			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 60 fair hill drive			Square Feet # of Floors Bldg. Age		
City (5) WESTFIELD	County (6) UNION	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	License Number 01169
Start Date (10) 07/28/14	Sched. Completion Date (11) 08/15/14		Name of OSHA Monitor D & S Restoration, Inc.	
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			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" 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)	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 CRAWL SPACE		<input checked="" type="checkbox"/>		ACM DEBRIS	120 S Q FT	<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 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/29/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/18/2014

* Do not use this form for asbestos licensure exempted activities

D&S Proj. #: 2014-291

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

Date of Notification (1) 10/7/18/14		Name of Building Owner/Operator (2) barbara bolton	
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 4 ballard place		City, State, Zip Code Fair Lawn, NJ 07410	
Name of Contact barbara bolton		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) barbara bolton			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 4 ballard place			Square Feet		
City (5) Fair Lawn			County (6) BERGEN		County Code (7) (State use only)
			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.)		
			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) 07/28/14		Sched. Completion Date (11) 08/15/14		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) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input 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) 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		X		PIPE INSULATION	831 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/29/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 07/18/2014	