State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /19 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification #13 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 33 98,230 71 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /18 11/ 3/ /19 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: SATURDAY 7AM-5PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure WET WIPE HEPA VACUUM X Demolition Renovation Mini-Enclos >3SF OR LF Glovebag Procedure >160 SF OR 260 L É Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) DUST Amount ENCLOSUR ENCAPSU REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 FIRE PROOFING DUST 10 SF COMPLETE 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 319 FIRE PROOFING DUST X 10 SF X COMPLETE FIRE PROOFING DUST 3RD FLOOR ROOM 320 10 SF X COMPLETE 3RD FLOOR ROOM 321 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 323 FIRE PROOFING DUST 10 SF COMPLETE Х 3RD FLOOR ROOM 325 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 326 X FIRE PROOFING DUST 10 SF COMPLETE 3RD FLOOR ROOM 327 FIRE PROOFING DUST X 10 SF X COMPLETE 3RD FLOOR ROO, 332 X FIRE PROOFING DUST 10 SF X COMPLETE 6TH FLOOR ROOM 614 FIRE PROOFING DUST 10 SF lχ COMPLETE 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 405 lх FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 426 X FIRE PROOFING DUST 10 SF COMPLETE 6TH FLOOR ROOM 627 X FIRE PROOFING DUST 10 SF lχ COMPLETE 7TH FLOOR ROOM 724 X FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 405 X FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 426 X FIRE PROOFING DUST 10 SF X COMPLETE 6TH FLOOR ROOM 627 FIRE PROOFING DUST

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33

7TH FLOOR ROOM 724

3RD FLOOR ROOM 306

3RD FLOOR ROOM 322

7TH FLOOR ROOM 722

3RD FLOOR ROOM 324

6TH FLOOR ROOM 621

3RD FLOOR ROOM 310

5TH FLOOR ROOM 520

NJDEP Waste Hauler ID No. 15939

X

X

X

X

X

X

X

Cubic Yards of Waste

FIRE PROOFING DUST

Name of Registered Landfill

10 SF

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15

X

X

lχ

X

X

X

ĺχ

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

Disposal Date
11/01-6/30/19

Date
11/01-6/30/19

Disposal Date
11/01-6/30/19

Di

ECEIN

APR 4 2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 21 /19 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification #12 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 33 98.230 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ 6 / 30 /19 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: SATURDAY 7AM-5PM City, State, Zip Code 01001 NRCY WAN, NROY WAN Scope of Work (Check all that apply) Full Containment with Negative Pressure X WET WIPE HEPA VACUUM Demolition Renovation Mini-Enclos. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCL DUST ENCAPSU CONTRO Material (ACM) REPAIR solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) OSUR in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 X FIRE PROOFING DUST 10 SF COMPLETE 3RD FLOOR ROOM 303 lx FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 319 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 320 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 321 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 323 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 325 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 326 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 10 SF COMPLETE 3RD FLOOR ROO, 332 FIRE PROOFING DUST 10 SF X COMPLETE 6TH FLOOR ROOM 614 FIRE PROOFING DUST 10 SF X COMPLETE 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 405 X FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 426 X FIRE PROOFING DUST 10 SF X COMPLETE 6TH FLOOR ROOM 627 FIRE PROOFING DUST 10 SF COMPLETE 7TH FLOOR ROOM 724 FIRE PROOFING DUST X 10 SF COMPLETE 4TH FLOOR ROOM 405 FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 426 X FIRE PROOFING DUST 10 SF X COMPLETE 6TH FLOOR ROOM 627 X FIRE PROOFING DUST 10 SF COMPLETE 7TH FLOOR ROOM 724 FIRE PROOFING DUST X 10 SF IX COMPLETE 3RD FLOOR ROOM 306 FIRE PROOFING DUST 10 SF lχ COMPLETE 3RD FLOOR ROOM 322 FIRE PROOFING DUST 10 SF X COMPLETE 7TH FLOOR ROOM 722 FIRE PROOFING DUST X 10 SF COMPLETE 3RD FLOOR ROOM 324 FIRE PROOFING DUST ΙX 10 SF lx COMPLETE 6TH FLOOR ROOM 621 X FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 310 FIRE PROOFING DUST 10 SF X COMPLETE 5TH FLOOR ROOM 520 X FIRE PROOFING DUST 10 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33

447 ALEXANDER DRIVE/ROUTE 15

15939

OLD, NEW JERSEY

Title
DIRECTOR OF OPERATIONS

| Date | Director of Operation | Date | Director of Operation | Date | Director of Operation | Director

APR 4 2019

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. MA /19 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification #11 RAHWAY, NEW JERSEY 07065 APR DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 33 98.230 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ 6 / 30 /19 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: SATURDAY 7AM-5PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure WET WIPE HEPA VACUUM X Demolition X Renovation Mini-Enclos, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount DUST **ENCAPSU** REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, LOSUR SF or LF) FRO in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 FIRE PROOFING DUST 10 SF COMPLETE 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 319 FIRE PROOFING DUST X 10 SF X COMPLETE 3RD FLOOR ROOM 320 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 321 lx FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 323 X FIRE PROOFING DUST 10 SF COMPLETE 3RD FLOOR ROOM 325 X FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 326 FIRE PROOFING DUST lχ 10 SF COMPLETE 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROO, 332 FIRE PROOFING DUST 10 SF X COMPLETE 6TH FLOOR ROOM 614 FIRE PROOFING DUST 10 SF X COMPLETE 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 405 X FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 426 X FIRE PROOFING DUST 10 SF X COMPLETE 6TH FLOOR ROOM 627 X FIRE PROOFING DUST 10 SF X COMPLETE 7TH FLOOR ROOM 724 X FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 405 FIRE PROOFING DUST 10 SF X COMPLETE 4TH FLOOR ROOM 426 FIRE PROOFING DUST 10 SF X COMPLETE 6TH FLOOR ROOM 627 FIRE PROOFING DUST 10 SF X COMPLETE 7TH FLOOR ROOM 724 FIRE PROOFING DUST 10 SF COMPLETE 3RD FLOOR ROOM 306 X FIRE PROOFING DUST 10 SF COMPLETE 3RD FLOOR ROOM 322 FIRE PROOFING DUST X 10 SF COMPLETE 7TH FLOOR ROOM 722 FIRE PROOFING DUST X 10 SF X COMPLETE 3RD FLOOR ROOM 324 FIRE PROOFING DUST X 10 SF X COMPLETE 6TH FLOOR ROOM 621 FIRE PROOFING DUST 10 SF X COMPLETE 3RD FLOOR ROOM 310 X FIRE PROOFING DUST 10 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 55 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

447 ALEXANDER DRIVE/ROUTE 15

825 HIGHWAY 33

15939

State of New Jersey

Date of Notification (1)			Name of Build	W Jersey ESTOS ABATEMEI 60-7 and 12:120-7) ding Owner/Operat				224	
1 / 31	/10			MERCK SHAF	RP & DOHME CORF	or (2)			
ACADOLOG NI-NE	/19 /pe Notif	ication		Street Address					10 個
EPA		l Notificati		126 E. LINCOL	N AVENUE, P.O. B	OV 0000			1>
X DOL X	Ame	nded Notif	on fication			OX 2000, RY2	8-414		
X DOH	I Valle	ellation	roation :	RAHWAY, NEV	N JERSEY 07065				i - 6
DCA	On H	RGENCY	NOTIFIE	Name of Contac	nt .				APR
Namo of E		IGENCY	NOTIFIC	PATRICIA JOH	NSON	Telephor	ne Num	ber	
Name of Facility Where Abaten	nent is 7	aking Pla	ace (3)	FACILITY INFO	RMATION	732-594-	7746		A reserve
MERCK SHARP & DOHME COR	1005		-00 (0)		Type of Fac	ility (4)			
Street Add	POHAT	ION			School	(K-12)			
Street Address					Subcha	pter 8 (Other t	han K-	12)	
126 EAST LINCOLN AVENUE - E	BUILDIN	G 33			Square Fee	e. private & co	mmcl	blágs	., homes, etc.)
RAHWAY	Count	y (6)		County O	98,230	7	,013		Bldg. Age
Name of Monitoring Firm Hired ENVIRONMETAL HEALTH INVEST	by Build	line O		County Code (7) (STATE USE ONL)		Prior if being d	emoliel	hod)	71
ENVIRONMETAL HEALTH INVESTIGET Address	STIGATION	ONS. INC.	er (8)	ASCM N	COMMERCIA	L	0,1101131	neu)	-903080
655 WEST SHORE TRAIL		10, 1110		17	o. Name of Abar PAR ENVIRO Street Address	lement Contra	ctor (S	9)	
City, State, Zip Code							RPOR.	ATIO	N
	RTA. NE	EW JERS	EV 07		313 SPOOK B	OCK BOAD			
Project Manager for Monitoring Firm	n	T	Telephon	e Number	City, State, Zip SUFFERN, NE	Codo			
WILLIAM S. KERBEL, CIH Expected State Date (10)		19	73-729-	640	releptione Nur	nber 1090	01		
11/	/10	Sched	. Comple	etion Date (11)	845-369-7500	- 1	License	e Num	nber
Month -	/18 ar	Mont	6/	30 /19	Name of OSHA	Monit	160		
Occupancy Status During Above		only one	in .		IAMERISCITAR	ORATORIES I	NC		#11480
X Facility Closed/Vacated Abatement Performed O	During E	ntire Perio	od of Aba	tement	Street Address				
		Normal F AY 7AM-5		urs - Describe	117 EAST 30TH	STREET			
		AY /AM-5	PM		1				
Scope of Work (Check all that apply)  Demolition	_	_			City, State, Zip C				
X >3SF OR LF	X	Renovat	tion	Full Cont	tainment with Negati	NEW YORK	, NEW	V YOF	RK 10016
>160 SF OR 260 LF			d	Mini-Enc Glovebac	Procedure		X	_Jw	ET WIPE HEPA VACUI
Location of		Is Loc	ration T	Non-Friat	ole Procedure				
Asbestos-containing Material (ACM)		normali	y used	Description of A	choot-		_		
TO BE ABATED		soleh	v'bv	Containing Materi (ie. Thermal sy	ial (ACM)	Amount	105	-1-	Abatement Type
		Maint/C.	etodial	incular sy	steme		188		
in Facility (13)		Maint/Cu	(10)	ilisulation, surfaci	DO MAT	(Specify	120	ם ומ	18 18 1
in Facility (13)		Staff (	(12)	insulation, surfaci or other miscella	DO MAT	(Specify SF or LF)	HINC	PAIR	NCLC
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303		Staff (	(12) N/A	or other miscella	DO MAT	(Specify SF or LF)	CONTROL	PAIR	NCLOSU
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304		Staff (	(12) N/A X F	IRE PROOFING DUST	ng, VAT, ineous)	(Specify SF or LF)		PAIR	ENCLOSUR
3RD FLOOR ROOM 305 3RD FLOOR ROOM 303 3RD FLOOR ROOM 304 3RD FLOOR ROOM 304		Staff (	(12) N/A X F X F	IRE PROOFING DUST RE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)	SF or LF)	Х	PAIR	COMPLETE
3RD FLOOR ROOM 305 3RD FLOOR ROOM 303 3RD FLOOR ROOM 304 3RD FLOOR ROOM 319 3RD FLOOR ROOM 320		Staff (	N/A   X   F   X   F   X   F   X   F   X   F   X   F   X   F   X   F   X   F   X   F   F	IRE PROOFING DUST RE PROOFING DUST RE PROOFING DUST RE PROOFING DUST	ng, VAT, Ineous)	SF or LF)  0 SF  0 SF	X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321		Staff (	N/A	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST RE PROOFING DUST RE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)	SF or LF)  0 SF 0 SF 0 SF	Х	PAIR	COMPLETE COMPLETE COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321		Staff (	N/A	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OSF OSF OSF OSF OSF	X X	PAIR	COMPLETE COMPLETE COMPLETE COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 323  3RD FLOOR ROOM 325		Staff (	N/A	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF	X X X X X	PAIR	COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 323  3RD FLOOR ROOM 325  RD FLOOR ROOM 326		Staff (Yes No	N/A	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous) 11 11 11 11 11 11 11 11 11 11 11 11 11	SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF SF	X X X X X X	PAIR	COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 323  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327		Staff (Yes No	N/A	IRE PROOFING DUST IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous) 11 11 11 11 11 11 11 11 11 11 11 11 11	SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF 5 SF SF	X	PAIR	COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 323  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 332  TH FLOOR ROOM 614		Staff (Yes No	N/A	IRE PROOFING DUST	ng, VAT, ineous)  1 1 1 10 10 10 10	SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF SF SF SF	X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 227		Staff (Yes No	X   F    X   F      X   F	IRE PROOFING DUST	ng, VAT, ineous)  1 1 1 10 10 10 10	SF or LF)  0 SF 0 SF 0 SF 0 SF SF SF SF SF	X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405		Staff (Yes No	(12)	IRE PROOFING DUST	ng, VAT, ineous)  1 1 1 1 10 10 10 10 10 10	SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF 0 SF SF SF SF SF	X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 405  TH FLOOR ROOM 405  TH FLOOR ROOM 426		Staff (Yes No	(12)	IRE PROOFING DUST	ng, VAT, ineous)  1 1 1 1 10 10 10 10 10 10 10 10 10 10	SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF 5 SF SF SF SF SF SF	X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405  TH FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 627		Staff (Yes No	(12)	IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SF or LF)  O SF O SF O SF O SF	X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405  TH FLOOR ROOM 426  H FLOOR ROOM 627  H FLOOR ROOM 627  H FLOOR ROOM 627		Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)  11 11 10 10 10 10 10 10 10 10 10 10 10	SF or LF)  0 SF 0 S	X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 627  H FLOOR ROOM 627  H FLOOR ROOM 724  H FLOOR ROOM 724  H FLOOR ROOM 405		Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SF or LF)  O SF O SF O SF O SF S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 405		Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)  11 11 11 11 11 10 10 10 10 10 10 10 10	SF or LF)  O SF O SF O SF O SF S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 323  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 426		Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST REOFING DUST REOFING DUST	ng, VAT, ineous)  11 11 11 11 11 10 10 10 10 10 10 10 10	SF or LF)  0 SF 0 S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 627  H FLOOR ROOM 426  H FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 724  D FLOOR ROOM 724		Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST REOFING DUST REOFING DUST REOFING DUST REOFING DUST	ng, VAT, ineous)  11 11 11 11 11 10 10 10 10 10 10 10 10	SF or LF)  0 SF 0 S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 322		Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)  11 11 11 11 11 10 10 10 10 10 10 10 10	SF or LF)  0 SF 0 S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 322		Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)  11 11 11 11 11 10 10 10 10 10 10 10 10	SF or LF)  0 SF 0 S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 425  H FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 724		Staff (Yes   No   No   No   No   No   No   No   N	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST	ng, VAT, ineous)  11 11 11 11 11 11 10 10 10 10 10 10 10	SF or LF)  0 SF 0 S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 324  FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 324		Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST ROOFING DUST	ng, VAT, ineous)  11 11 11 11 11 11 11 11 11 11 11 11 1	SF or LF)  0 SF 0 S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 627  H FLOOR ROOM 426  H FLOOR ROOM 322  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 627  H FLOOR ROOM 322  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 621  e of Registered Waste Hauler  EHOLD CARTACE THO	NJDF	Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST ROOFING DUST ROOFING DUST PROOFING DUST	ng, VAT, ineous)  11 11 11 11 11 11 10 10 10 10 10 10 10	SF or LF)  0 SF 0 S	X X X X X X X X X X X X X X X X X X X	PAIR	COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 329  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 627  H FLOOR ROOM 426  H FLOOR ROOM 627  H FLOOR ROOM 627  H FLOOR ROOM 627  H FLOOR ROOM 322  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 621  e of Registered Waste Hauler  EHOLD CARTAGE, INC.	NJDE Haule	Staff (Yes No	12	IRE PROOFING DUST RE PROOFING DUST ROOFING DUST	ng, VAT, ineous)  11 11 11 11 11 11 11 11 11 11 11 11 1	SF or LF)  0 SF 0 S	X		COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 425  H FLOOR ROOM 425  H FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 324  FLOOR ROOM 621  e of Registered Waste Hauler  EHOLD CARTAGE, INC.  HIGHWAY 33  State	Haule	Staff (Yes No	12	IRE PROOFING DUST RE PR	10 SP	SF or LF)  O SF O SF O SF O SF O SF S	X		COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 320  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 627  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 427  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 324  FLOOR ROOM 627  H FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 621  e of Registered Waste Hauler  EHOLD NEW JEDSEN  EHO	Haule	Staff ( Yes   No  Yes   No  X  X  X  X  X  X  X  X  X  X  X  X  X	12	IRE PROOFING DUST IRE PROOFING DUST RE P	10 SP	SF or LF)  O SF O SF O SF O SF O SF S	X		COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 405  H FLOOR ROOM 405  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 426  H FLOOR ROOM 427  H FLOOR ROOM 427  H FLOOR ROOM 426  H FLOOR ROOM 327  H FLOOR ROOM 324  FLOOR ROOM 325  FLOOR ROOM 326	Haule	Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST ROOFING DUST ROOFING DUST PROOFING DUST	ng, VAT, ineous)  11 11 11 11 11 11 10 10 10 10 10 10 10	SF or LF)  O SF O SF O SF O SF S	X		COMPLETE
in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 319  3RD FLOOR ROOM 320  3RD FLOOR ROOM 321  3RD FLOOR ROOM 321  3RD FLOOR ROOM 325  3RD FLOOR ROOM 325  3RD FLOOR ROOM 325  3RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  ND FLOOR ROOM 614  ND FLOOR ROOM 627  H FLOOR ROOM 426  H FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 322  FLOOR ROOM 324  FLOOR ROOM 325  FLOOR ROOM 326  FLOOR ROOM 326  FLOOR ROOM 327  FLOOR ROOM 328  FLOOR ROOM 329  FLOOR ROOM 329  FLOOR ROOM 321  FLOOR ROOM 322  FLOOR ROOM 324  FLOOR ROOM 325  FLOOR ROOM 326  FLOOR ROOM 326  FLOOR ROOM 327  FLOOR ROOM 327  FLOOR ROOM 328  FLOOR ROOM 329  FLOOR ROOM 329  FLOOR ROOM 321  FLOOR ROOM 321  FLOOR ROOM 322  FLOOR ROOM 324  FLOOR ROOM 325  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 325  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 325  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 325  FLOOR ROOM 324  FLOOR ROOM 324  FLOOR ROOM 325  FLOOR ROOM 325  FLOOR ROOM 326  FLOOR ROOM 326  FLOOR ROOM 327  FLOOR ROOM 326	Haule	Staff (Yes No	12	IRE PROOFING DUST IRE PROOFING DUST RE PROOFING DUST ROOFING DUST ROOFING DUST PROOFING DUST	10 SP	SF or LF)  O SF O SF O SF O SF S	X		COMPLETE

Notified 22	Name of Building Owner/O
So Notified 22 /19	MALESTOS AD
EPA Type Notification	Men of Build: AND 12:10 MENT
- IUOI I - IIIItini -	SHARP OWNER/OP
DOL Ama Notification	Name of Building Owner/Operator (2)  Street Address  City, State, Zip Code  Name of Contact  Name of Contact
I I I I I I I I I I I I I I I I I I I	TIZE E. LINCOLA
Name of Facility Where Abatement is Taking Place (3)  Street Address	City, State, Zip Code RAHWAY, NEW, 19
Name of Facility Where Abatement is Taking Diagram	RAHWAY, NEW JERSEY 07065 PATRICULAR TO THE PATRI
MERCK SUA	Name of Contact  PATRICIA IO
STARP & DOHME	PATRICIA JOHNSON
Street Address  126 EAST 148	FACILITY
MERCK SHARP & DOHME CORPORATION  Street Address  126 EAST LINCOLN AVENUE - BUILDING 33  Name of Monitoria	URMA
(5) SEN AVENUE	Telephone Number  Type of Facility  Telephone Number
HAHWAY  Name of Monitoring Firm Hired by Building Owner (8)  ENURONMETAL HEALTH INVESTIGATIONS, INC.  County (6)  UNION  Street Address  655 WEST SHORE TRAIL  City, State, Zip Code	
Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  County (6)  County	School (K-12)
Street Address  Street Address  Street Address	Subchante (N-12)
055 WEST SHOOL THE INVESTIGATION OWNER	Source (ie. prin Other than
Givest Address  655 WEST SHORE TRAIL  City, State, Zip Code	Subschapter 8 (Other than K-12)  Subschapter 8 (Other than K-12)  Square Feet 98,230 # of Floors homes  ASCUTT USE ONLY)  Current Use (Control Use)
Projection	Current L
Will Midnager for Sco	Subchapter 8 (Other than K-12)  Other (ie. private & commcl. bldgs., homes, etc.)  Square Feet  98,230  Gurrent Use (Prior if being demolished)  7  Saldg. Age  17  Name of Abatement Continuation  Student Use (Prior of Bolds.)  PAR ENVIRONMENT Continuation  Student Use (Prior of Bolds.)  PAR ENVIRONMENT Continuation  Statement Continuation  Saldg. Age  71
SPARTA, NEW JERSEY 07871  Will IAM S. KERBEL, CIH  Expected State Date (10)  Month	COMMERCIAL   Plant of Abatement Contractor (9)   Street Address   313 SPOOKS   SPO
State Date (State	Stress (Stress
	Street Address 313 SPOOLS
Occupancy Do 1973-730 Number	
IX Tailus Durin Von	SUFFERN Zip Code
Occupancy Status During Abatement (Check only of Abatement Perfection Date (11)	I eleph NEW You
Month Occupancy Status During Abatement (Check only one)  Abatement Performed Outside of Normal Facility Hours - Describe:  Sched. Completion Date (11)  Month Abatement Performed Outside of Normal Facility Hours - Describe:  SATURDAY 7AM-5PM  Performed Outside of Normal Facility Hours - Describe:  SATURDAY 7AM-5PM  Safe OR LF  Sched. Completion Date (11)  Month 6 /  Month 6 /  Month 973-729-5649  6 /  Month 10  Sched. Completion Date (11)  Both Closed Normal Facility Hours - Describe:  SATURDAY 7AM-5PM  Safe OR LF	SUFFERN, NEW YORK 10901  SUFFERN, NEW YORK 10901  A45-3500 Licens
Scope of Work (Check all that apply)  Some of Work (Check all that apply)  Some of Work (Check all that apply)  Sarry One)  Day  Outside of Normal Facility Hours - Describe:	/19 Name of OSHA Monitor  Year AMERISCI LABORA
Check all the SATURDAY ZAM Facility He Matement	Year    Consequence   Conseque
X >385 - Describe	IStra
>3SF OR LF >160 SF OR	117 EAST 30TH STREET  City, State
Location of Asbestos-containing Material (Acceptable)	Containment was
Material (ACM)  TO BE A (ACM)  TO BE A (ACM)	Containment
TO DE TACM) I IS LOCATE L. IGIA	-IIClos With No. NEW Y
in Facility (13)  ODS  Description of Solety by  ODS	odg Proc
OOR DO	A Action Procedure
	PE HE
insular inermal	(ACM) / VACIUM
OF OTHER SURFACE OF OTHER SURFACE OF OTHER SURFACE OF OTHER SURFACE OTHE	Cing VAT Amount
X   FIRE PROOF ING DUST   X   FIRE PROOF I	
	Specify SF or LF)  Abatement Type  ONTHOO
ROOM 321  RIBE PROOFING DUST  FIRE PROOFING DUST	
X   FIRE PROOFING DUST   X   FIRE PROOFING DUST   ROOM 323   X   FIRE PROOFING DUST   ROOM 325   X   FIRE PROOFING DUST   ROOM 326   X	SF or LF)  OUSF  ADDRESS  SF or LF)  OUSF  ADDRESS  OUSF  OUSF  ADDRESS  OUSF
X   FIRE PROOFING DUST	10 SF X F S
ROOM 326  ROOM 327  X  FIRE PROOFING DUST  X  FIRE PROOFING DUST  X  FIRE PROOFING DUST	10 SE 1x 1
X   FIRE PROOFING DUST	110 SF X
X   FIRE PROOFING DUST   X   FIRE PROOFING DUST   Y   FIRE PROOFING D	10 SE X
X   FIRE PROOFING DUST   X   FIRE PROOFING DUST   Y   FIRE PROOFING D	10 SE IX
OM 405	110 SF X
DM 426 X FIRE PROOFING DUST	10 SF   X
DM 426    X   FIRE PROOFING DUST	110 SF X
X FIRE PROOFING DUST	110 SE   X
1405 X FIRE PROOFING SUST	10 SF X
426 X FIRE PROOFING DUST	10 SF X
627 X FIRE PROOFING DUST	10 SF X
'24 X FIRE PROOFING DUST	10 SF X
X FIRE PROOFING DUST	10 SF X
22 FIRE PROOFING DUST	
22   X   FIRE PROOFING DUST   X   FIRE PROOFIN	
X FIRE PROOFING DUST	
IX FIRE PROOFING DUST  X FIRE PROOFING DUST  X FIRE PROOFING DUST  IE Hauler  NC	110-
te Hauler NC.    X   FIRE PROOFING DUST	110=
NC.   NJDEP Waste   Cubic	10 SF X
Hauler ID No.   Cubic Yards of W	10 SF X
55 Waste	110 se
Title Disposal Date LYCOMING COUND DIRECTOR OF OPEn County of the County	To the state of th
DIRECTOR OF OPEn 11/01-6/30/19 City AlexAndren	ed Landfill
Intle Disposal Date LYCOMING COUNTIES ALEXANDER DISPOSAL DATE ALEXANDER DAT	Pd Landfill TY RESOURCE MANAGEMENT SERVICES
OPERATIONS Signature MONTGOMERY, PA	MIVE/ROUTE MANAGEU
TWENY, PA	17700
X	TOS TOTAL
	Date
	17/17
	12211

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7) IS Date of Notification (1) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. /19 Agencies Notified Street Address Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification DEP Amended Notification #6 City, State, Zip Code DOL RAHWAY, NEW JERSEY 07065 Cancellation 1<sub>DOH</sub> On Hold DCA EMERGENCY NOTIFICATION Name of Contact PATRICIA JOHNSON Telephone Number Name of Facility Where Abatement is Taking Place (3) 732-594-7746 FACILITY INFORMATION MERCK SHARP & DOHME CORPORATION Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 126 EAST LINCOLN AVENUE - BUILDING 33 Other (ie. private & commcl. bldgs., homes, etc.) City (5) Square Feet County (6) # of Floors RAHWAY 98,230 Bldg. Age Name of Monitoring Firm Hired by Building Owner (8) County Code (7) 7 Current Use (Prior if being demolished) 71 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. (STATE USE ONLY) COMMERCIAL ASCM No. Name of Abatement Contractor (9) 655 WEST SHORE TRAIL PAR ENVIRONMENTAL CORPORATION 17 City, State, Zip Code Street Address 313 SPOOK ROCK ROAD SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm City, State, Zip Code WILLIAM S. KERBEL, CIH Telephone Number SUFFERN, NEW YORK 10901 Expected State Date (10) Telephone Number 973-729-5649 License Number Sched. Completion Date (11) 11/ 845-369-7500 Month Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Day 6 / 30 AMERISCI LABORATORIES INC /19 Facility Closed/Vacated During Entire Period of Abatement Year #11480 Abatement Performed Outside of Normal Facility Hours - Describe: Street Address 117 EAST 30TH STREET SATURDAY 7AM-5PM Scope of Work (Check all that apply) City, State, Zip Code Demolition NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure X Renovation >3SF OR LF X WET WIPE HEPA VACUUM >160 SF OR Mini-Enclo: 260 LF Glovebag Procedure Location of Non-Friable Procedure Asbestos-containing Is Location Description of Asbestosnormally used Material (ACM) Containing Material (ACM) solely by TO BE ABATED Abatement Type (ie. Thermal systems Amount CONTROL Maint/Custodial REPAIR in Facility (13) ENCAPSUL ENCLOSUR insulation, surfacing, VAT, (Specify Staff (12) SF or LF) 3RD FLOOR ROOM 305 or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 303 FIRE PROOFING DUST 3RD FLOOR ROOM 304 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 319 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 320 X X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 321 FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 323 X FIRE PROOFING DUST X 10 SF X 3RD FLOOR ROOM 325 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 326 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 327 X X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROO, 332 X FIRE PROOFING DUST 10 SF 6TH FLOOR ROOM 614 X X FIRE PROOFING DUST 10 SF ADDITION TO SCOPE: X X FIRE PROOFING DUST 10 SF 2ND FLOOR ROOM 227 X 10 SF X FIRE PROOFING DUST Name of Registered Waste Hauler REEHOLD CARTAGE, INC. 10 SF NJDEP Waste Cubic Yards of Waste 25 HIGHWAY 33 Hauler ID No. Name of Registered Landfill ity, State 50 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 15939 REEHOLD, NEW JERSEY 447 ALEXANDER DRIVE/ROUTE 15 Disposal Date ompleted by (Print or Type) City, State MONT SOMERY, PA 17752 11/01-6/30/19 ENJAMIN SANCHEZ DIRECTOR OF OPERATIONS Signature Date

-1-				NOTIFICA	State of Ne ATION OF ASB	PECTO	O ADATEL						
Sate of Notification (1)				(Fuisu	Name of Buil	ding (	ond 12:120-7)						- 1 - Dimple
44					MERCK SHAP	RP & [	OHME CORP.	(2)					3 60 1
Agencies Notified Tv	/18				Street Address								
	pe Notification						ENUE, P.O. BO	V 0000					
EPA DEP	Initial Not	ification			City, State, Zip	0 1	LNUE, P.U. BU	X 2000, RY28-4	114				
X DOL X	Amended	Notificat	ion :	<del>\$</del> 5	RAHWAY, NE	Code	2057 0300						ADD
X DOH	Cancellat	ion					13EY 0/065						APH
DCA	On Hold	NOV NO	T.E. C		Name of Conta	act		Tolophass					
	EMERGE			ATION	PATRICIA JOH	HNSOI	N	Telephone 732-594-77	Numb	er		14.	Mi.
Name of Facility Where Abaten	ent is Takin	- DI			FACILITY INFO	PMA	TION	702 334-77	40	- 9			
			(3)				Type of Facil	ity (4)			74		
MERCK SHARP & DOHME COF	RPORATION						School	K-12)					
	0						Subchar	oter 8 (Other the	n K-1	2)			
Street Address			_				In Other (16	. private & com	mcl. b	oldas I	nmae	e oto l	
126 EAST LINCOLN AVENUE - I							- oquare i ee	# of Floo	rs	3-11	10/1100	Bldg.	Ane
City (5) RAHWAY	County (6)				County Code (7	71	98,230	7				71	
	UNION			(ST	TATE USE ON	/) I V)	Current Use (F	rior if being der	nolish	ed)			
Name of Monitoring Firm Hired ENVIRONMETAL HEALTH INVE	by Building	Owner (	8)		ASCM		COMMERCIAL						
Street Address	STIGATIONS	S, INC.			17		PAR ENVIDOR	ement Contrac	tor (9	)			
655 WEST SHORE TRAIL					7		Street Address	VIVIENTAL CON	PORA	ATION			
City, State, Zip Code						10	313 SPOOK R	OCK ROAD					
SP.	ARTA, NEW	JERSEY	0787	71			City, State, Zip	Code		_			
reject Manager for Monitoring Fir	m			ne Number			SUFFERN, NE	W YORK 1090	1				
WILLIAM S. KERBEL, CIH				-5649			l elephone Nun	-1-		Numb	er	_	
Expected State Date (10)		Sched. (	Comp	letion Date	7/11/		845-369-7500	4	60				
Month	/10		6/	iction Date	30 /19		Name of OSHA	Monitor				-	
Occupancy Status During Abateme	ear	Month		Day		ear i	AMERISCI LAB	ORATORIES IN	VC.	#	11480	)	
X Facility Closed/Vacated	nt (Check of	nly one)				Jui	Street Address						
	Outside of N	re Period	of Ab	atement		1	117 EAST 30TH	STREET			e comme		
X Other - Describe:	SATURDAY	2 CLINIC	CILITY F	lours - Des	scribe:	- 1							
		a SOME	MI /	AM-3PM		- 1	City, State, Zip (	Code					
Scope of Work (Check all that appl	y)		ź					NEW YORK	. NEV	V YOR	K 100	16	
Demolition X >3SF OR LF	X	Renovatio	n		Mini-E	ontain	ment with Nega	tive Pressure	X	TWE	TWIF	PE HE	PA VACUUM
100 00 0	_				Glove	han D	rocedure						A VACOUIVI
Location of			b		Non-F	riable	Procedure						
Asbestos-containing		Is Loca	tion		Description of	of Ashe	etoe-						
Material (ACM)	- 1	normally		1	Containing Ma	aterial	(ACM)	Amount	-		Abate	ement	Туре
TO BE ABATED	١,	solely	by	.	(ie. Therma	I syste	ems	(Specify	18	민류	E	E	
in Facility (13)	1	Maint/Cus Staff (	stodia		insulation, sur	facing	VAT	SF or LF)	3	STPA	CA	짇	
Maria Maria and American	Y	es No	N/A	-	or other misc	ellane	ous)	G. C. L.	l B	REPAIR	ENCAPSUL	ENCLOSUR	
3RD FLOOR ROOM 305			X	FIDE DD	OOFING BUILD						=	F	
3RD FLOOR ROOM 303		_	X	FIRE PRO	OOFING DUST			10 SF	X		-	-	
3RD FLOOR ROOM 304		$\neg$	X	FIDE PRO	DOFING DUST			10 SF	X		1	-	
3RD FLOOR ROOM 319		-		FIRE PHO	OOFING DUST			10 SF	X	1		-	
3RD FLOOR ROOM 320			X	FIRE PRO	OOFING DUST			10 SF	X	_	1	1	
3RD FLOOR ROOM 321		-	X	FINE PRO	OOFING DUST			10 SF	X	-		-	
3RD FLOOR ROOM 323		1		FIRE PRO	OFING DUST			10 SF	X	+	-	-	
3RD FLOOR ROOM 325		-		FIRE PRO	OFING DUST			10 SF	X	-	-	-	
3RD FLOOR ROOM 326		+-	X	FIRE PRO	OFING DUST			10 SF	X	+-	-	-	
3RD FLOOR RUOM 327	-		X	FIRE PRO	OFING DUST	1 125		10 SF	X	-		-	
3RD FLOOR ROO, 332			X	FIRE PRO	OFING DUST			0 SF	X	1			
6TH FLOOR ROOM 614			X	FIRE PRO	OFING DUST			0 SF	X	-			
ADDITION TO SCOPE:			X	FIRE PRO	OFING DUST			0 SF	_				
2ND FLOOR ROOM 227		+ +	X				1	J 01	X	-			
		+-		FIRE PRO	OFING DUST		1	0 SF	V	-			
Name of Registered Waste Hauler	NIII	DEP Was			1200000				X				
-HEEHOLD CARTAGE INC.	Hai	ler ID No	ste	oubic Yard	s of Waste	Na	me of Registere	d Landfill			_		
B25 HIGHWAY 33	1.700	15939	-		50	LY	COMING COUN	TY RESOURCE	- MAN	JAGEN	AENIT.	CED!	1050
City, State		2000	-	Disposal Da	ate	447	ALEXANDER	DRIVE/ROUTE	15	-riuciv	LIVI	SEHV	ICES
FREEHOLD, NEW JERSEY Completed by (Print or Type)	lan.		1	1/01-6/30/	19	192	State NPGOMERY , F				1		10
BENJAMIN SANCHEZ	Title			T	Signature	PAIC	THE GUMERY, F			1	/_	,	101
J. H.V.ILZ	DIRECTO	H OF OF	PERA	TIONS	1/	V	$\sim$	Date		11 1	1.7	1	1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /18 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification #4 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact DCA EMERGENCY NOTIFICATION Telephone Number PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MERCK SHARP & DOHME CORPORATION School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 126 EAST LINCOLN AVENUE - BUILDING 33 Square Feet # of Floors Bldg. Age City (5) 98,230 County (6) County Code (7) RAHWAY Current Use (Prior if being demolished) UNION Name of Monitoring Firm Hired by Building Owner (8) (STATE USE ONLY) COMMERCIAL ENVIRONMETAL HEALTH INVESTIGATIONS, INC. ASCM No. Name of Abatement Contractor (9) 17 Street Address PAR ENVIRONMENTAL CORPORATION 655 WEST SHORE TRAIL Street Address City, State, Zip Code 313 SPOOK ROCK ROAD City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number WILLIAM S. KERBEL, CIH Telephone Number License Number 973-729-5649 Expected State Date (10) 845-369-7500 Sched. Completion Date (11) Name of OSHA Monitor /18 6 / 30 Month Day /19 AMERISCI LABORATORIES INC Year Month Occupancy Status During Abatement (Check only one) #11480 Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 117 EAST 30TH STREET Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code Sunday 7am-5pm Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Demolition X Renovation X WET WIPE HEPA VACUUM Mini-Enclos. >3SE OR LE Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Containing Material (ACM) Material (ACM) Amount solely by CONTROL ENCAPSUL ENCLOSUR (ie. Thermal systems REPAIR TO BE ABATED (Specify Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 FIRE PROOFING DUST 3RD FLOOR ROOM 303 10 SF FIRE PROOFING DUST X 3RD FLOOR ROOM 304 10 SF X FIRE PROOFING DUST X 3RD FLOOR ROOM 319 10 SF X X FIRE PROOFING DUST 3RD FLOOR ROOM 320 10 SF X X FIRE PROOFING DUST 3RD FLOOR ROOM 321 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 323 10 SF FIRE PROOFING DUST X 3RD FLOOR ROOM 325 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 326 10 SF X X FIRE PROOFING DUST 3RD FLOOR ROOM 327 10 SF FIRE PROOFING DUST X 3RD FLOOR ROO, 332 10 SF X FIRE PROOFING DUST X 6TH FLOOR ROOM 614 10 SF X X FIRE PROOFING DUST ADDITION TO SCOPE: 10 SF X X 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste FREEHOLD CARTAGE, INC. Name of Registered Landfill Hauler ID No. 825 HIGHWAY 33 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 50 15939 City, State 447 ALEXANDER DRIVE/ROUTE 15 Disposal Date FREEHOLD, NEW JERSEY City, State MONTGOMERY Completed by (Print or Type) 11/01-6/30/19 . PA 17752 Title BENJAMIN SANCHEZ Signature DIRECTOR OF OPERATIONS Date 8 8

					100											
Date of Notification (1)					(Purs	active to 140	F ASBEST JAC 8:60-7 of Building	and 12.	120-71					1 2	(0)	TC T
						MERCK	SHARP &	DOHM	CODD	(2)						- 1
Agencies Notified	2 /18					Street A		- DOT HAIL	COHF.							
	Type Notifi	ication				126 F I	INICOLNIA									
EPA	Initia	l Notific	cation			C: 0	INCOLN A	VENUE.	, P.O. BO	X 2000, RY28-	414			1	PA	
DEP	x Amer	nded N	lotifica	ation	#3	DALIMA	te, Zip Coo	le					1	- 2	17 []	4
X DOL	Cano	ellation	n			INAHWA	Y, NEW JE	ERSEY (	7065							
DCA	On H					Name of	Contact							***XY		
	LEME	RGEN(	CYN	OTIFIC	ATION	PATRICI	A JOHNS	MC		Telephone	Numb	er				
Name of Equilibrium					A STATE OF THE STA	FACILITY	INFORMA	JIV.		732-594-77	46	55				
Name of Facility Where A	batement is 1	Taking	Place	e (3)		HOILIT	INFORMA	ATION						_		
MERCK SHARP & DOHME								Туре	of Facili	ty (4)		730-				
THE TOTAL A DOLLME	CORPORAT	ION							School (	<-12)						
Street Address								X	Other	ter 8 (Other th	an K-1	2)				
126 EAST LINCOLN AVEN	IUE - BUILDIN	IC 22			12/7/27				uare Feet	private & com	mcl. i	oldgs.,	home	s, etc.)		
City (5)								1 09	98,230	# 01 F100	rs			Bldg.	Age	
RAHWAY	Count					County C	ode (7)			7				71		
Name of Monitoring Firm I	Ulina III B II	10		(2)	(S	TATE US	E ONLY)	COM	MERCIAL	rior if being de	nolish	red)				
	INVESTIGATI	IUNIS IUNIS	wner	(8)			SCM No.	Name	of Abate	ment Contrac						
		OIVO,	IIVC.				17	PAR	ENVIRON	MENTAL COF	tor (9	)				
655 WEST SHORE TRAIL								Olleel	Auuress		PUH	ATION	V			
City, State, Zip Code				-				313 S	POOK RO	OCK ROAD						7
Project Man	SPARTA, N	EW JE	RSE	Y 0787	1			City, S	tate. Zin (	Code	_		_			
Project Manager for Monitori	ng Firm				ne Numbe	,		SUFF	ERN, NEV	V YORK 1090	1					
WILLIAM S. KERBEL, CIH				3-729		!		leleph	none Num			Num	her			
Expected State Date (10)		ISc	hed	Comp	letion Dat	- (4.4)		845-36	39-7500	14	60	· · · · ·	1001			
11 / 1 Month Day	7.10	-		6/	letion Dat	e (11) 30	i.e.	Name	of OSHA	Monitor	_					
Occupancy Status During Ab	Year		Month		Day		/19	AMER	ISCI LABO	DRATORIES II	VC.		#11480	2		
Occupancy Status During About X Facility Closed/Va Abatement Performance	atement (Chec	ck only	one)	1000			Year						111400	J		
- and my Orosed/ Ve	dated During	-ntiro														
Abatement Perfor	mad Outside	-(Me)	Period	d of Ab	atement			Street /	Address							
X Other - Describe	med Outside (	or Ivorn	nal Fa	cility L	101100 0	scribe:		117 EA	Address IST 30TH	STREET						
X Other - Describe:	MONDA	Y - FR	nai Fa IDAY	cility L	101100 0	scribe:		117 EA	ST 30TH							
X Other - Describe: Scope of Work (Check all that	MONDA	Y - FR	nai Fa IDAY	cility L	101100 0			117 EA	ST 30TH ate, Zip C	ode						
X Other - Describe: Scope of Work (Check all that Demolition	MONDA	Y - FR 7am-5	nal Fa IDAY ipm	cility F 6PM-1	101100 0		Full Contair	City, St	ST 30TH ate, Zip C	ode	, NEV	V YO	RK 100	016		
X Other - Describe: Scope of Work (Check all that Demolition X >3SF OR LF	MONDA	Y - FR 7am-5	nai Fa IDAY	cility F 6PM-1	101100 0		AUTH-FUCIOS	City, St	ST 30TH ate, Zip C	ode	, NEV	v yor	RK 100 ET WI	)16 PE HEF	PA VAC	JUM
X Other - Describe: Scope of Work (Check all that Demolition X >3SF OR LF	MONDA	Y - FR 7am-5	nal Fa IDAY ipm	cility F 6PM-1	101100 0		Glovebag P	City, St	ST 30TH ate, Zip C ith Negati	ode	, NEV	V YOI	RK 100 ET WI	)16 PE HEF	PA VAC	UUM
X Other - Describe:  Scope of Work (Check all that Demolition X >3SF OR LF >160 SF OR 2 Location of	MONDA Sunday t apply)	Y - FR 7am-5	nal Fa IDAY ipm novatio	ecility F 6PM-1	101100 0		Glovebag F Non-Friable	City, St	ST 30TH ate, Zip C ith Negati	ode	, NEV	V YOF	RK 100 ET WI	016 PE HEF	PA VAC	UUM
Scope of Work (Check all that Demolition X >3SF OR LF >160 SF OR Location of Asbestos-contain	MONDA Sunday t apply) X	Y - FR 7am-5	nal Fa IDAY ipm novation	on ation	101100 0	Descrip	Glovebag P Non-Friable	City, St	ST 30TH ate, Zip C ith Negati	ode	, NEV	V YOF	ET WI	PE HEF		UUM
X Other - Describe:  Scope of Work (Check all that Demolition X >3SF OR LF Location of Asbestos-contain Material (ACM)	MONDA Sunday t apply)  X 260 LF	Y - FR 7am-5	nal Fa IDAY ipm novation	on ation	101100 0	Descrip	Glovebag F Non-Friable tion of Asb	City, St. City, St. City, St. Procedure Procedurestos- (ACM)	ST 30TH ate, Zip C ith Negati	ode NEW YORk ve Pressure	X	_]w	ET WI	PE HEF		UUM
X Other - Describe:  Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATET	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Rer	nal Fa IDAY pm novation s Loca rmally solely	ecility F 6PM-1	lours - Des	Descrip Containin (ie. Th	Glovebag F Non-Friable Ition of Asb Ing Material	City, St. City, St. Procedure Proced estos- (ACM)	ST 30TH ate, Zip C ith Negati	ode NEW YORK ve Pressure Amount	X	_]w	ET WI	PE HEF		UUM
X Other - Describe:  Scope of Work (Check all that Demolition X >3SF OR LF Location of Asbestos-contain Material (ACM)	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	on ation used by stodial	lours - Des	Descrip Containin (ie. Th	Glovebag F Non-Friable Ition of Asb Ing Material Inermal systems, surfacing	City, St. City, St. Procedure Proced estos- (ACM) ems	ST 30TH ate, Zip C ith Negati	NEW YORK VE Pressure  Amount (Specify	X	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	on ation used by stodial	lours - Des	Descrip Containin (ie. Th	Glovebag F Non-Friable Ition of Asb Ing Material	City, St. City, St. Procedure Proced estos- (ACM) ems	ST 30TH ate, Zip C ith Negati	ode NEW YORK ve Pressure Amount	X	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  3RD FLOOR ROOM 305	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	on ation used by stodial 12)	lours - Des	Descrip Containii (ie. Tr insulation or other	Glovebag F Non-Friable otion of Asb ng Material nermal system, surfacing r miscelland	City, St. City, St. Procedure Proced estos- (ACM) ems	ST 30TH ate, Zip C ith Negati	NEW YORK VE Pressure  Amount (Specify	X	YOUNG	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  BRD FLOOR ROOM 305 BRD FLOOR ROOM 303	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	on ation used by stodial 12)	ours - Des	Descrip Containii (ie. Tr insulation or other	Glovebag F Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscelland	City, St. City, St. Procedure Proced estos- (ACM) ems	ST 30TH ate, Zip C ith Negati e ure	NEW YORK VE Pressure  Amount (Specify	CONTROL	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  BRD FLOOR ROOM 303 BRD FLOOR ROOM 303 BRD FLOOR ROOM 304	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	on ation used by stodial 12)	FIRE PRO	Descrip Containi (ie. Thinsulation or other	Glovebag F Non-Friable httion of Asb ng Material nermal syst n, surfacing r miscellane	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)	CONTROL	_]w	ET WI	PE HEF		UUM
X Other - Describe:  Scope of Work (Check all that Demolition No. 3SF OR LF 160 SF OR 2 Location of Asbestos-contain Material (ACM)  TO BE ABATEL in Facility (13)  SRD FLOOR ROOM 305  SRD FLOOR ROOM 304  SRD FLOOR ROOM 304  SRD FLOOR ROOM 319	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	on ation used by stodial 12) N/A X	FIRE PROFIRE P	Descrip Containii (ie. Tr insulation or other	Glovebag F Non-Friable httion of Asb ing Material nermal syst n, surfacing r miscellane	City, St. City, St. Procedure Proced estos- (ACM) ems	ST 30TH ate, Zip C ith Negati e ure	Amount (Specify SF or LF)	CONTROL X X	_]w	ET WI	PE HEF		UUM
X Other - Describe:  Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2  Location of Asbestos-contain Material (ACM)  TO BE ABATEL in Facility (13)  BRD FLOOR ROOM 305  BRD FLOOR ROOM 303  BRD FLOOR ROOM 304  BRD FLOOR ROOM 319  BRD FLOOR ROOM 320	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	on ation used by stodial 12) N/A X X X	FIRE PROFIRE P	Descrip Containii (ie. Tr insulatior or other	Glovebag F Non-Friable stion of Asb ng Material nermal syst n, surfacing r miscelland DUST DUST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ith Negati e ure	Amount (Specify SF or LF)	CONTROL	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition No. 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM)  TO BE ABATEL in Facility (13)  SRD FLOOR ROOM 305  SRD FLOOR ROOM 304  SRD FLOOR ROOM 319  RD FLOOR ROOM 320  RD FLOOR ROOM 321	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	on ation used by stodial 12) N/A X X X X	FIRE PROFIRE P	Descrip Containii (ie. Tr insulation or other DOFING ID DOFING ID DOFING ID DOFING ID DOFING ID DOFING ID	Glovebag F Non-Friable stion of Asb ng Material nermal syst n, surfacing r miscelland DUST DUST DUST	City, St. City, St. Procedure Proced estos- (ACM) ems	ST 30TH ate, Zip C ith Negati e ure	Amount (Specify SF or LF)	CONTROL	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition No. 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  SRD FLOOR ROOM 305 SRD FLOOR ROOM 304 SRD FLOOR ROOM 319 SRD FLOOR ROOM 320 RD FLOOR ROOM 321 RD FLOOR ROOM 321 RD FLOOR ROOM 323	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	ation used by stodial 12) N/A X X X X X	FIRE PROFIRE P	Descrip Containi (ie. Th insulation or other DOFING E DOFING E DOFING E DOFING E DOFING D DOFING D DOFING D DOFING D DOFING D	Glovebag F Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscellane DUST DUST DUST DUST DUST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ith Negati e ure	Amount (Specify SF or LF)	CONTROL	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition No. 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  SRD FLOOR ROOM 305 SRD FLOOR ROOM 304 SRD FLOOR ROOM 319 SRD FLOOR ROOM 320 RD FLOOR ROOM 321 RD FLOOR ROOM 321 RD FLOOR ROOM 323	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Loca rmally solely nt/Cus	cility F 6PM-1	FIRE PROFIRE P	Descrip Containi (ie. Th insulation or other DOFING E DOFING E DOFING E DOFING D	Glovebag F Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscellane DUST DUST DUST DUST DUST DUST DUST DUST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 SF 0 SF 0 SF	CONTROL	_]w	ET WI	PE HEF		UUM
X Other - Describe:  Scope of Work (Check all that Demolition	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation ss Locarmally ssolely ssolely nt/Cus Staff (	colity February Colity February Colity February Colity February Coling C	FIRE PROFIRE P	Descrip Containi (ie. Th insulation or other DOFING E DOFING E DOFING E DOFING D	Glovebag F Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscellane  DUST DUST DUST DUST DUST DUST DUST UST UST UST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF	CONTROL X X X X X X X X X X X X X X X X X X X	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition No. 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  SRD FLOOR ROOM 305  SRD FLOOR ROOM 304  SRD FLOOR ROOM 304  SRD FLOOR ROOM 320  RD FLOOR ROOM 321  RD FLOOR ROOM 323  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation ss Locarmally ssolely ssolely nt/Cus Staff (	colity February Colity February Colity February Colity February Coling C	FIRE PROFIRE P	Descrip Containi (ie. Th insulation or other DOFING E DOFING E DOFING E DOFING D	Glovebag F Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscellane  DUST DUST DUST DUST DUST DUST DUST UST UST UST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF	CONTROL	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition No. 38F OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 321  RD FLOOR ROOM 323  RD FLOOR ROOM 323  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fa IDAY ipm novation s Locarmally solely nt/Cu: No	colity F 6PM-1	FIRE PROFIRE P	Descrip Containi (ie. Tr insulation or other DOFING I DOFING I DOFING D	Glovebag F Non-Friable Stion of Asb Ing Material Inermal syst In, surfacing Ir miscellane DUST DUST DUST DUST DUST DUST DUST UST UST UST UST UST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 SF 0 SF 0 SF 0 SF 0 SF	CONTROL X X X X X X X X X X X X X X X X X X X	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition No. 38F OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 321  RD FLOOR ROOM 321  RD FLOOR ROOM 323  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Faranananananananananananananananananana	colity February Colity February Colity February Colity February Coling C	FIRE PROFIRE P	Descrip Containi (ie. Th insulation or other DOFING E DOFING E DOFING E DOFING D	Glovebag F Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscellane  DUST DUST DUST DUST DUST DUST DUST DUS	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 321  RD FLOOR ROOM 321  RD FLOOR ROOM 323  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 332  TH FLOOR ROOM 332	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Faranan Inal Farana	colity February Colity February Colity February Colity February Coling C	FIRE PROFIRE P	Descrip Containi (ie. Th insulation or other DOFING I DOFING I DOFING D	Glovebag F Non-Friable Stion of Asb Ing Material Inermal syst In, surfacing Ir miscellane DUST DUST DUST DUST DUST DUST DUST DUST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	_]w	ET WI	PE HEF		UUM
X Other - Describe:  Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2  Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  BRD FLOOR ROOM 305  BRD FLOOR ROOM 303  BRD FLOOR ROOM 304  BRD FLOOR ROOM 321  RD FLOOR ROOM 321  RD FLOOR ROOM 323  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  DDITION TO SCOPE:	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fay IDAY ipm novation s Location solely nt/Custaff (	colity February Colity February Colity February Colity February Coling C	FIRE PROFIRE P	Descrip Containi (ie. Th insulation or other DOFING I DOFING I DOFING D	Glovebag F Non-Friable Stion of Asb Ing Material Inermal syst In, surfacing Ir miscellane DUST DUST DUST DUST DUST DUST DUST DUST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	_]w	ET WI	PE HEF		UUM
X Other - Describe:  Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2  Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 320  RD FLOOR ROOM 321  RD FLOOR ROOM 323  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM, 332  TH FLOOR ROOM, 332	MONDA Sunday t apply)  X 260 LF	Y - FR. 7am-5 Ren	nal Fay IDAY ipm novation s Location solely nt/Custaff (	colity February Control of Contro	FIRE PROFIRE P	Descrip Containi (ie. Thinsulation or other DOFING D DOFING D DOFING D DOFING D DOFING D OOFING D OOFING D OOFING D OOFING D OOFING D	Glovebag F Non-Friable Stion of Asb Ing Material Inermal syst In, surfacing Ir miscelland DUST DUST DUST DUST DUST DUST DUST DUST	City, St. City, St. Procedure Proced estos- (ACM) ems	ate, Zip C ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATET in Facility (13)  3RD FLOOR ROOM 305  3RD FLOOR ROOM 303  3RD FLOOR ROOM 304  3RD FLOOR ROOM 304  3RD FLOOR ROOM 320  RD FLOOR ROOM 321  RD FLOOR ROOM 323  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 326  RD FLOOR ROOM 327  RD FLOOR ROOM 327  RD FLOOR ROOM 614  DDITION TO SCOPE:	MONDA Sunday t apply) X 260 LF	Y - FR. 7am-5 Ren	nal Fay IDAY ipm novation s Location solely nt/Custaff (	colity February Control of Contro	FIRE PROFIRE P	Descrip Containi (ie. Thinsulation or other DOFING D DOFING D DOFING D DOFING D DOFING D OOFING D OOFING D OOFING D OOFING D OOFING D	Glovebag F Non-Friable Stion of Asb Ing Material Inermal syst In, surfacing Ir miscelland DUST DUST DUST DUST DUST DUST DUST DUST	City, St. City, St. Procedure Proced estos- (ACM) ems	ST 30TH ate, Zip C ate, Zip C ith Negati e ure  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  BRD FLOOR ROOM 305 BRD FLOOR ROOM 303 BRD FLOOR ROOM 304 BRD FLOOR ROOM 320 RD FLOOR ROOM 321 RD FLOOR ROOM 321 RD FLOOR ROOM 325 RD FLOOR ROOM 325 RD FLOOR ROOM 325 RD FLOOR ROOM 325 RD FLOOR ROOM 327 RD FLOOR ROOM 327 RD FLOOR ROOM 327 RD FLOOR ROOM 614 DDITION TO SCOPE: ID FLOOR ROOM 227	MONDA Sunday t apply)  X 260 LF  ing D	Is norm	nal Farina Inal Farina Inal Farina Inal Farina Inal Farina Inal Far	colity February Colling	FIRE PROFIRE P	Descrip Containi (ie. Tr insulation or other DOFING ID DOFING ID DOFING D	Glovebag F Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscellane DUST DUST DUST DUST DUST DUST DUST UST UST UST UST UST UST UST UST UST	City, St. City,	ate, Zip C ith Negati e ure	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	_]w	ET WI	PE HEF		UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  BRD FLOOR ROOM 305 BRD FLOOR ROOM 305 BRD FLOOR ROOM 304 BRD FLOOR ROOM 309 BRD FLOOR ROOM 320 BRD FLOOR ROOM 321 BRD FLOOR ROOM 321 BRD FLOOR ROOM 325 BRD FLOOR ROOM 325 BRD FLOOR ROOM 325 BRD FLOOR ROOM 326 BRD FLOOR ROOM 327 BR	MONDA Sunday t apply)  X 260 LF  ing D	Is norm	nal Fay IDAY ipm novation s Loca s Loca s Loca mally solely nt/Cus Staff ( No	colity February Colity Februar	FIRE PROFIRE P	Descrip Containi (ie. Tr insulation or other DOFING E DOFING E DOFING D D DFING D D D D D D D D D D D D D D D D D D D	Glovebag F Non-Friable Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscellane IDUST	City, St. City, St. Procedure Proced estos- (ACM) ems 3, VAT, eous)	ate, Zip C ate, Zip C ith Negati e ure  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	N REPAIR	Abati ENCAPSUL	ement 7	ype	UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  SRD FLOOR ROOM 305  SRD FLOOR ROOM 305  SRD FLOOR ROOM 304  SRD FLOOR ROOM 309  SRD FLOOR ROOM 320  RD FLOOR ROOM 321  RD FLOOR ROOM 321  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327	MONDA Sunday t apply)  X 260 LF  ing D	Is norm Y - FR 7am-5 Rer  Is no	nal Fay IDAY ipm novation s Loca s Loca s Loca mally solely nt/Cus Staff ( No	colity February Colity Februar	FIRE PROFIRE P	Descrip Containi (ie. Tr insulation or other DOFING ID DOFING ID DOFING D	Glovebag F Non-Friable Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing Ir miscellane IDUST	City, St. City, St. City, St. Crocedure Procedure Proced	ate, Zip C ith Negati e ure  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	N REPAIR	Abati ENCAPSUL	ement 7	ype	UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATET in Facility (13)  BRD FLOOR ROOM 305 BRD FLOOR ROOM 303 BRD FLOOR ROOM 304 BRD FLOOR ROOM 304 BRD FLOOR ROOM 320 RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 325 RD FLOOR ROOM 325 RD FLOOR ROOM 325 RD FLOOR ROOM 327 RD FLOOR ROOM 328 RD FLOOR ROOM 328 RD FLOOR ROOM 329 RD FLOOR ROOM 329 RD FLOOR ROOM 320 RD FLOO	MONDA Sunday t apply)  X 260 LF  ing D	Is norm Y - FR 7am-5 Rer  Is no	nal Fay IDAY IDAY IDAY IDAY IDAY IDAY IDAY IDAY	colity February Colling	FIRE PROFIRE P	Descrip Containi (ie. Tr insulation or other DOFING I DOFING I DOFING D D DOFING D D D D D D D D D D D D D D D D D D D	Glovebag F Non-Friable Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing In miscellane IN DUST IN INST IN I	City, St. City,	ate, Zip C ate, Zip C ith Negati e ure  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	N REPAIR	Abati ENCAPSUL	ement 7	ype	UUM
Scope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 2 Location of Asbestos-contain Material (ACM) TO BE ABATEL in Facility (13)  SRD FLOOR ROOM 305  SRD FLOOR ROOM 305  SRD FLOOR ROOM 304  SRD FLOOR ROOM 309  SRD FLOOR ROOM 320  RD FLOOR ROOM 321  RD FLOOR ROOM 321  RD FLOOR ROOM 325  RD FLOOR ROOM 325  RD FLOOR ROOM 327	MONDA Sunday t apply)  X 260 LF  ing D	Is norm Y - FR 7am-5 Rer  Is no	nal Fay IDAY IDAY IDAY IDAY IDAY IDAY IDAY IDAY	colity February Colling	FIRE PROFIRE P	Descrip Containi (ie. Tr insulation or other DOFING I DOFING I DOFING D D DOFING D D D D D D D D D D D D D D D D D D D	Glovebag F Non-Friable Non-Friable Ition of Asb Ing Material Inermal syst In, surfacing In miscellane IN DUST IN INST IN I	City, St. City,	ate, Zip C ith Negati e ure  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount (Specify SF or LF)  0 SF 0 S	CONTROL X X X X X X X X X X X X X X X X X X X	N REPAIR	Abati ENCAPSUL	ement 7	ype	UUM

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)					Name of Build	ng Owner/Operato	or (2)					0.543	D	
**						& DOHME CORP	100000			- 3		AP	Η.	4
Agencies Notified	Type Notificati				Street Address				_					
EPA	The state of the s				126 E. LINCOLI	AVENUE, P.O. B	OX 2000,	RY28-41	4					
DEP	Initial No	tificatio	n		City, State, Zip	Code			<u> </u>		- 000			
X DOL	Cancella	a Notition	cation #2	2	RAHWAY, NEV	JERSEY 07065								
X DOH	On Hold	uon			Name of Cont									
DCA	EMERGE	ENCY N	NOTIFICA	TION	Name of Contact PATRICIA JOHI	t ISON	Tel	ephone N	umber					
							732	-594-7746	3					
Name of Facility Where Aba	atement is Taki	ing Pla	ce (3)		FACILITY INFOR		100. (2)							
			70			Type of Fac	lity (4) l (K-12)							
MERCK SHARP & DOHME (	CORPORATION	4				Subob	1 (N-12)	Other than						
Street Address						X Other	ie privat	e & comm	K-12)	aa b		22.50		
126 EAST LINCOLN AVENU	E - BUILDING	33				Square Fe	et #	of Floors	CI. DIQ	gs., n	omes,	etc.) Bldg. A	20	_
City (5)	County (6					98,230		7				71	ge	
RAHWAY	LINION			/ /	County Code (7)		(Prior if b	eing demo	olished	1)	-			_
Name of Monitoring Firm Hi	red by Building	0 Owne	er (8)	(5	TATE USE ONL	) ICOMMERCIA	AL			*/				
ENVIRONMETAL HEALTH IN	VESTIGATION	IS, INC	. (0)		ASCM		atement	Contracto	or (9)					_
Street Address					17	PAR ENVIRO	DNMENT	AL CORP	ORAT	ION				
655 WEST SHORE TRAIL City, State, Zip Code						Street Addres 313 SPOOK	SS DOCK D	040				172-30-00		
ony, State, Zip Code	SDADTA NEW					City, State, Z	n Code	UAU						
Project Manager for Monitoring	SPARTA, NEV					SUFFERN, N	EW YOR	RK 10901						
WILLIAM S. KERBEL, CIH	y riiiii		Telephon		er	Telephone No	umber		ense N	Jumb	or			_
xpected State Date (10)		10.1	973-729-5	5649		845-369-7500		460		varrio	G1			
11/ 1	/18	Sched	d. Comple	etion Da		Name of OSF	A Monito	or .			_			
Month Day	Vear	Mor		Da	30 /19	AMERISCI LA	BORATO	ORIES IN	С	#1	1480			
Occupancy Status During AL	tement (Check	only on	-1		y Ye	ar			.01					
Status During Aba	TOTTICHE (OTTECK													
Occupancy Status During Aba X Facility Closed/Vac	cated During En	tira Das	and of AL	atement		Street Addres	S							
Abatement Perform	cated During En ned Outside of N	tire Per Vormal	iod of Aba	nure - De	escribe:	117 EAST 30	S TH STRE	ET						
Abatement Perform X Other - Describe:	cated During En ned Outside of N MONDAY	tire Per Vormal - FRIDA	riod of Aba Facility H	nure - De	escribe:	117 EAST 30	TH STRE	ET						
Abatement Perform X Other - Describe:	cated During En ned Outside of N MONDAY	tire Per Vormal - FRIDA	riod of Aba Facility H	nure - De	200	City, State, Zip	Code	M YORK	NEW	YORK	K 100	16		
Abatement Perform  X Other - Describe:  Cope of Work (Check all that	cated During En ned Outside of MONDAY - SATUDAY apply)	tire Per Normal - FRIDA 7AM-5	Facility How Pacific PM	nure - De	Full Co	City, State, Zip	Code	M YORK	NEW				AVAC	11111
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition 3SF OR LF	cated During En ned Outside of I MONDAY - SATUDAY apply)	tire Per Vormal - FRIDA	Facility How Pacific PM	nure - De	Full Co	City, State, Zip	Code	M YORK				16 PE HEP	A VAC	UUI
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition  X >3SF OR LF >160 SF OR 26	cated During En ned Outside of MONDAY - SATUDAY apply)	tire Per Normal - FRIDA 7AM-5	Facility How Pacific PM	nure - De	Full Co Mini-E Glovet	City, State, Zipontainment with Negocolos,	Code	M YORK					A VAC	UUI
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition >3SF OR LF >160 SF OR 26	cated During En ned Outside of I MONDAY - SATUDAY apply) X 60 LF	tire Per Normal - FRIDA 7AM-5 Renov	riod of Aba Facility Ho AY 6PM-1: PM	nure - De	Full Co Mini-E Glovet Non-Fr	City, State, Zip notainment with Negoclos, ag Procedure iable Procedure	Code	M YORK		]WE	T WIF	E HEP		ับบเ
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition >3SF OR LF >160 SF OR 26  Location of Asbestos-containing Abatement Perform Pe	cated During En ned Outside of I MONDAY - SATUDAY apply) X 60 LF	rire Per Normal FRIDA 7AM-5 Renov	riod of Aba Facility H. AY 6PM-1: PM ation ocation ally used	nure - De	Full Co Mini-E Glovet Non-Fr	City, State, Ziguntainment with Negroles, ag Procedure	Code NE gative Pre	W YORK,	X	]WE	T WIF	PE HEP		UUI
Abatement Perform  X Other - Describe:  icope of Work (Check all that Demolition  >3SF OR LF  >160 SF OR  Location of Asbestos-containin Material (ACM)	cated During En med Outside of N MONDAY SATUDAY apply) X 60 LF	Renov	riod of Aba Facility Ho AY 6PM-1: PM ation ocation ally used lely by	nure - De	Full Cc Mini-E Glovet Non-Fi Description of Containing Ma (ie. Thermal	City, State, Zignatainment with Negaclos, ag Procedure Asbestos-erial (ACM) systems	TH STRE	W YORK, essure	X	]WE	T WIF	PE HEP		:00
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition  X >3SF OR LF  >160 SF OR 26  Location of Asbestos-containing  Material (ACM)  TO BE ABATED	cated During En med Outside of N MONDAY SATUDAY apply) X 60 LF	Is Landon Maint/	riod of Aba Facility Ho AY 6PM-1: PM ation ocation ally used lely by Custodial	nure - De	Full Cc Mini-E Glovet Non-Fi Description of Containing Ma (ie. Thermal	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	COde NE' NE' gative Pre	W YORK, essure	X	]WE	T WIF	PE HEP		יטטו
Abatement Perform  X Other - Describe:  icope of Work (Check all that Demolition  >3SF OR LF  >160 SF OR  Location of Asbestos-containin Material (ACM)	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	riod of Aba Facility Heavy 6PM-1: PM ation ally used tely by Custodial ff (12)	nure - De	Full Co Mini-E Glovet Non-Fi Description of Containing Ma	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	COde NE' NE' gative Pre	W YORK, essure	X	]WE	T WIF	PE HEP		ะบบเ
Abatement Perform  X Other - Describe:  cope of Work (Check all that Demolition  X >3SF OR LF >160 SF OR 20  Location of Asbestos-containin  Material (ACM)  TO BE ABATED in Facility (13)	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Is Landon Maint/	riod of Aba Facility H Y 6PM-1: PM ation  ocation ally used lely by Custodial ff (12) lo N/A	ours - De	Full Communication of the missing surface of the missing surface or other missing surface or oth	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	COde NE' NE' gative Pre	W YORK, essure		]WE	T WIF	E HEP		ะบบเ
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition  X >3SF OR LF >160 SF OR 20  Location of Asbestos-containin Material (ACM)  TO BE ABATED in Facility (13)  BD FLOOR ROOM 305  BD FLOOR ROOM 303	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	riod of Aba Facility H AY 6PM-1: PM ation  ocation acidy used ely by Custodial ff (12) lo N/A X	ours - De 30 AM	Full Communication of the missing surface of	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	O Code NE: pative Pre	W YORK, essure	X	]WE	T WIF	PE HEP		:00
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  BD FLOOR ROOM 305 BD FLOOR ROOM 303	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	riod of Abaracility High AY 6PM-1: PM ation  ocation ally used elly by Custodial fff (12) to N/A X X	FIRE PF	Full Communication of the management of the mana	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	O Code NE: pative Pre	W YORK, essure	CONTROL	]WE	T WIF	PE HEP		:UU
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition  X >3SF OR LF >160 SF OR 20  Location of Asbestos-containin Material (ACM)  TO BE ABATED in Facility (13)  BD FLOOR ROOM 305  BD FLOOR ROOM 303  BD FLOOR ROOM 304	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	riod of Aba Facility H AY 6PM-1: PM ation  Ocation ally used ely by Custodial ff (12) lo N/A X X	FIRE PF	Full Communication of the management of the mana	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	O Code NE: pative Pre	W YORK, essure	CONTROL	]WE	T WIF	PE HEP		:00
Abatement Perform  X Other - Describe:  Icope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  BD FLOOR ROOM 305 BD FLOOR ROOM 304 BD FLOOR ROOM 319	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	iod of Aba Facility H AY 6PM-1: PM ation  ocation ally used ely by Custodial ff (12) lo N/A X X X	FIRE PF FIRE PF FIRE PF FIRE PF	Full Communication of the Manager of	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	O Code NE pative Pre	W YORK, essure	CONTROL X X	]WE	T WIF	PE HEP		UU
Abatement Perform  X Other - Describe:  Icope of Work (Check all that Demolition  X > 3SF OR LF  > 160 SF OR 26  Location of Asbestos-containin  Material (ACM)  TO BE ABATED  in Facility (13)  RD FLOOR ROOM 305  RD FLOOR ROOM 304  RD FLOOR ROOM 319  RD FLOOR ROOM 319  RD FLOOR ROOM 320	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	iod of Aba Facility H AY 6PM-1: PM ation  Ocation ally used ely by Custodial ff (12) lo N/A X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PF	Full Communication of the Market Mon-Finder Market Mon-Finder Market Mon-Finder Market Mon-Finder Market Mon-Finder Mon-F	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	O Code NE Jative Pre	W YORK, essure	CONTROL	]WE	T WIF	PE HEP		:00
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition > 3SF OR LF > 160 SF OR 20 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  INDICATE OF TOOM 305  INDICATE OF TOOM 305  INDICATE OF TOOM 304  INDICATE OF TOOM 305  INDICATE OF TOO	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	iod of Aba Facility H AY 6PM-1: PM ation  ocation ally used ely by Custodial ff (12) lo N/A X X X X X	FIRE PF	Full Communication  Full C	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	O Code NE pative Pre	W YORK, essure	CONTROL X X X X	]WE	T WIF	PE HEP		:00
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition > 3SF OR LF > 160 SF OR 20    Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  RD FLOOR ROOM 305  RD FLOOR ROOM 304  RD FLOOR ROOM 319  RD FLOOR ROOM 320  RD FLOOR ROOM 321  RD FLOOR ROOM 321  RD FLOOR ROOM 323	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	iod of Aba Facility H AY 6PM-1: PM ation  ocation ally used ley by lo   N/A   X   X   X   X   X   X   X   X   X   X	FIRE PF	Full Communication  Full C	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	O Code NE pative Pre	W YORK, essure	CONTROL X X X X X X	]WE	T WIF	PE HEP		:001
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition > 3SF OR LF > 160 SF OR 20 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  INDICATE OF THE PROPERTY OF THE PROPERT	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	iod of Aba Facility H AY 6PM-1: PM ation  ocation ally used lely by Custodial ff (12) lo N/A X X X X X X X X X	FIRE PF FIRE PR FIRE PR FIRE PR	Full Communication  Full C	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	A (S SF 10 S	W YORK, essure	CONTROL X X X X X X X X X	]WE	T WIF	PE HEP		:001
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition > 3SF OR LF > 160 SF OR 26 Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  ISD FLOOR ROOM 305  ISD FLOOR ROOM 304  ISD FLOOR ROOM 319  ISD FLOOR ROOM 320  ISD FLOOR ROOM 321  ISD FLOOR ROOM 323  ISD FLOOR ROOM 323  ISD FLOOR ROOM 325  ISD FLOOR ROOM 325  ISD FLOOR ROOM 326	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	ocation ation  ocation ally used lely by Custodial Iff (12) lo N/A X X X X X X X X X X X X	FIRE PF FIRE PR FIRE PR FIRE PR FIRE PR	Full Communication  Full C	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	A (S SF 10 S	W YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	]WE	T WIF	PE HEP		:::::::::::::::::::::::::::::::::::::::
A Pacility Closed/Vac Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition >3SF OR LF >160 SF OR 26 Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  RD FLOOR ROOM 305 RD FLOOR ROOM 304 RD FLOOR ROOM 319 RD FLOOR ROOM 320 RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 325 RD FLOOR ROOM 326 RD FLOOR ROOM 327	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	ocation ation ocation [N/A] ation ocation ation ocation ation [N/A] ation [N/A] [X] [X] [X] [X] [X] [X] [X] [X] [X] [X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Commission of the Control of the Control of Containing Market (ie. Thermal insulation, surface or other mission of the mi	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	A (S SF 10 S	W YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	]WE	T WIF	PE HEP		:::::::::::::::::::::::::::::::::::::::
A Pacility Closed/Vac Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition >3SF OR LF >160 SF OR 26 Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  BD FLOOR ROOM 305 BD FLOOR ROOM 304 BD FLOOR ROOM 319 ID FLOOR ROOM 321 D FLOOR ROOM 323 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 327 D FLOOR ROOM 327 D FLOOR ROOM 327 D FLOOR ROOM 327	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	ocation ation  ocation ally used lely by Coustodial If (12) lo N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Comming Manager M	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	A (S SF 10 S	W YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	]WE	T WIF	PE HEP		:UUI
A Pacility Closed/Vac Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition > 3SF OR LF > 160 SF OR 26 Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  BD FLOOR ROOM 305 BD FLOOR ROOM 305 BD FLOOR ROOM 301 BD FLOOR ROOM 320 DD FLOOR ROOM 321 DD FLOOR ROOM 323 DD FLOOR ROOM 325 DD FLOOR ROOM 325 DD FLOOR ROOM 327 DD FLOOR ROOM 327 DD FLOOR ROOM 327 DD FLOOR ROOM 323 DD FLOOR ROOM 327 DD FLOOR ROOM 327 DD FLOOR ROOM 323 DD FLOOR ROOM 327 DD FLOOR ROOM 327 DD FLOOR ROOM 323 DD FLOOR ROOM 327 DD FLOOR ROOM 327 DD FLOOR ROOM 321 DD FLOOR ROOM 327 DD FLOOR ROOM 327 DD FLOOR ROOM 321 DD FLOOR ROOM 327 DD FLOOR ROOM 327 DD FLOOR ROOM 321	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	ocation ally used ely by Custodial ff (12) lo N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Commission of the Control of the Control of Containing Market (ie. Thermal insulation, surface or other mission of the mi	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	A (S SF 10 S	W YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	]WE	T WIF	PE HEP		:UUI
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition  33SF OR LF  >160 SF OR 26  Location of Asbestos-containin  Material (ACM)  TO BE ABATED in Facility (13)  BD FLOOR ROOM 305  BD FLOOR ROOM 304  BD FLOOR ROOM 320  DD FLOOR ROOM 321  DD FLOOR ROOM 321  DD FLOOR ROOM 325  D FLOOR ROOM 325  D FLOOR ROOM 325  D FLOOR ROOM 327  D FLOOR ROOM 327  D FLOOR ROOM 327  D FLOOR ROOM 327  D FLOOR ROOM 614  DITION TO SCOPE:	cated During En med Outside of I MONDAY SATUDAY apply) X 60 LF	Renov  Is Landra Solution Maint/ Sta	ocation ally used ely by Custodial ff (12) lo N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR	Full Commission of the property of the propert	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	A (S SF 10 S	W YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	]WE	T WIF	PE HEP		:UUI
Abatement Perform  X Other - Describe:  Cope of Work (Check all that Demolition  X > 3SF OR LF  > 160 SF OR 26  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  RD FLOOR ROOM 303  RD FLOOR ROOM 303  RD FLOOR ROOM 304  RD FLOOR ROOM 320  D FLOOR ROOM 321  D FLOOR ROOM 321  D FLOOR ROOM 325  D FLOOR ROOM 325  D FLOOR ROOM 326  D FLOOR ROOM 327  D FLOOR ROOM 327  D FLOOR ROOM 614  DITION TO SCOPE:  D FLOOR ROOM 227	asted During En ned Outside of I MONDAY SATUDAY apply)  X 60 LF	Renov  Is Landra Solution Maint/ Sta	ocation ally used ely by Custodial ff (12) lo N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR	Full Comming Manager M	City, State, Zigntainment with Negoclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT	O Code NE NE pative Pre  10 SF	w YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	]WE	T WIF	PE HEP		:UUI
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition > 3SF OR LF > 160 SF OR 26	asted During En ned Outside of I MONDAY SATUDAY apply)  X 60 LF	Is Landra Name of the Name of	iod of Aba Facility H AY 6PM-1: PM attion  ocation ally used ely by Custodial ff (12) lo N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Common Full Common Full Common Full Common Full Containing March (ie. Thermal insulation, surfor or other miscon Full Coopens Full Full Coopens Full Coopens Full Coopens Full Coopens Full Full Coopens Full Full Full Full Full Full Full Ful	City, State, Zignatainment with Neglacios, ag Procedure Asbestos-erial (ACM) systems acing, VAT, ellaneous)	A (S SF 10 S	W YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	]WE	T WIF	PE HEP		:UUI
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 26  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  RD FLOOR ROOM 305 RD FLOOR ROOM 305 RD FLOOR ROOM 304 RD FLOOR ROOM 304 RD FLOOR ROOM 320 RD FLOOR ROOM 321 RD FLOOR ROOM 321 RD FLOOR ROOM 325 RD FLOOR ROOM 327	asted During En ned Outside of I MONDAY SATUDAY apply)  X 60 LF	Is Landra Maint/ Sta Yes N	iod of Aba Facility H AY 6PM-1: PM ation  ocation ally used ely by Custodial ff (12) lo N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Common Full Common Full Common Full Common Full Containing March (ie. Thermal insulation, surface or other miscon or other miscon Full Cooper Full Full Full Full Full Full Full Ful	City, State, Zigntainment with Negoclos, ag Procedure lable Procedure Asbestos- erial (ACM) systems acing, VAT, ellaneous)	A (S SF 10 S	W YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	EMENT TENCLOSUR	ype	:::::::::::::::::::::::::::::::::::::::
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition > 3SF OR LF > 160 SF OR 26  Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  RD FLOOR ROOM 305 RD FLOOR ROOM 304 RD FLOOR ROOM 304 RD FLOOR ROOM 320 RD FLOOR ROOM 321 RD FLOOR ROOM 321 RD FLOOR ROOM 325 RD FLOOR ROOM 327 RD FLOOR ROOM 327	asted During En ned Outside of I MONDAY SATUDAY apply)  X 60 LF	Is Landra Maint/ Sta Yes N	iod of Aba Facility H AY 6PM-1: PM ation  Ocation ation  Ocation ation  Custodial ff (12) Io N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Common Full Common Full Common Full Common Full Containing March (ie. Thermal insulation, surfor or other miscon Full Coopens Full Full Coopens Full Coopens Full Coopens Full Coopens Full Full Coopens Full Full Full Full Full Full Full Ful	Tity, State, Zigontainment with Negocios, ag Procedure iable Procedure iable Procedure in Aspestoserial (ACM) systems acing, VAT, ellaneous)	O Code NE NE pative Pre  A (S SF 10 SF	W YORK, essure	CONTROL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	EMENT TENCLOSUR	ype	:::::::::::::::::::::::::::::::::::::::
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition > 3SF OR LF > 160 SF OR Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)  BD FLOOR ROOM 305 BD FLOOR ROOM 305 BD FLOOR ROOM 320 DD FLOOR ROOM 321 DD FLOOR ROOM 321 DD FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 327	asted During En ned Outside of I MONDAY SATUDAY apply)  X 60 LF	Is Landra Maint/ Sta Yes N	iod of Aba Facility H AY 6PM-1: PM ation  Ocation ally used lely by Custodial ff (12) Io N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR	Full Communication  Full C	117 EAST 30' City, State, Zip Intainment with Negliclos, ag Procedure Asbestos- erial (ACM) systems acing, VAT, ellaneous)  Name of Registe LYCOMING COI 447 ALEXANDE	10 SF	W YORK, essure  mount Specify or LF)	CONTROL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	EMENT TENCLOSUR	ype	:::::::::::::::::::::::::::::::::::::::
Abatement Perform Other - Describe:  Icope of Work (Check all that Demolition X > 3SF OR LF > 160 SF OR 26  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  RD FLOOR ROOM 305 RD FLOOR ROOM 305 RD FLOOR ROOM 304 RD FLOOR ROOM 304 RD FLOOR ROOM 320 RD FLOOR ROOM 321 RD FLOOR ROOM 321 RD FLOOR ROOM 325 RD FLOOR ROOM 327	asted During En ned Outside of I MONDAY SATUDAY apply)  X 60 LF	Is Landra Maint/ Sta Yes N	ocation ally used ely by Custodial ff (12) lo N/A X X X X X X X X X X X X X X X X X X X	FIRE PF FIRE PF FIRE PF FIRE PF FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Communication  Full C	Tity, State, Zigontainment with Negocios, ag Procedure iable Procedure iable Procedure in Aspestoserial (ACM) systems acing, VAT, ellaneous)	10 SF	W YORK, essure  mount Specify or LF)	CONTROL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	EMENT TENCLOSUR	ype	:::::::::::::::::::::::::::::::::::::::

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

				ant to NJAC 8:60-7							
Pate of Notification (1)				Name of Building	Owner/Operator	(2)					
940 D 7000 000				MERCK SHARP &	DOHME CORP.	,					
10 / 31 /18 Agencies Notified Type Not				Street Address						4	23.7
				126 E. LINCOLN A	VENUE, P.O. BO	X 2000 RY28-4	14				APR
	al Notification			City. State, Zip Coo			1.7			8,,	* 40 1 1
A 700	ended Notifi	cation #1		RAHWAY, NEW JE	RSEY 07065						
	Hold		1							11.744	
	ERGENCY	NOTIFICA	TION	Name of Contact PATRICIA JOHNS		Telephone N	lumber				
						732-594-774	6				
Name of Facility Where Abatement is	Taking Pla	ice (3)		FACILITY INFORMA	ATION					VI	
					Type of Facil	ity (4)		-57.00			
MERCK SHARP & DOHME CORPORA	TION				Subchar	oter 8 (Other that	16 401				
Street Address				•	X Other (ie	e. private & comr	n K-12)	ac b			
126 EAST LINCOLN AVENUE - BUILD	ING 33				Square Fee	# of Floor	s I	gs., n	omes	etc.) Bldg. A	20
	nty (6)				98,230	7				71	ge
RAHWAY	NC		(87	County Code (7)	Current Use (F	rior if being dem	nolished	1)			
Name of Monitoring Firm Hired by Bu	ilding Own	er (8)	(5)	TATE USE ONLY)	COMMERCIA			· .			
ENVIRONMETAL HEALTH INVESTIGA	TIONS, INC	).		ASCM No.	Name of Abat	ement Contract	or (9)				
Street Address 555 WEST SHORE TRAIL				17	Street Address	MENTAL COR	PORAT	ION			
City, State, Zip Code			A CONTRACTOR		313 SPOOK R						
SPARTA	NEW JERS	2EV 07074			City, State, Zip	Code					
Project Manager for Monitoring Firm	· · · · VV JEHS	Telephone			SUFFERN, NE	W YORK 10901					
VILLIAM S. KERBEL, CIH	111	973-729-5			Telephone Nur		cense N	Vumb	er		
xpected State Date (10)	Sche	d. Comple	otion Det	- (4.4)	845-369-7500	46	30				
11 / 1 /18	100110	6 /	etion Date	30 /19	Name of OSHA	Monitor					
Month Day Year ccupancy Status During Abatement (Cl	Mo	nth	Day		AMERISCI LAE	ORATORIES IN	IC	#	11480		
Couparity Status Duffing Anatement (C	teck only on	e)		1001	Street Address						
X Facility Closed Vacated During	- C-1 - D										
A Facility Closed/Vacated During	on Entire Da	riod of Aba	atement	< KGIE	117 EAST 30TH	STREET					
Abatement Performed Outsic Other - Describe: MON	ng Entire Per le of Normal DAY - FRID/	Facility Ho AY 6PM-1:	ours - Das	Full Conta	City, State, Zip	Code NEW YORK		YOR	K 100	16	
Abatement Performed Outsic  X Other - Describe: MON  Cope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF	ng Entire Per le of Normal DAY - FRID/ X Renov	Facility Ho AY 6PM-1: vation	ours - Das	Full Conta	City, State, Zip of inment with Nega	Code NEW YORK	, NEW	YOR ]WE	K 100 T WIF	16 PE HEP	'A VACUI
Abatement Performed Outsic  X Other - Describe: MON  cope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF  Location of	ng Entire Perile of Normal DAY - FRIDAX	I Facility Ho AY 6PM-1: vation	ours - Das	Full Conta Mini-Enclo Glovebag Non-Friab	City, State, Zip of City,	Code NEW YORK		YOR ]WE	T WIF	PE HEP	
Abatement Performed Outsic  X Other - Describe: MON  Cope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF  Location of  Asbestos-containing	ng Entire Peile of Normal DAY - FRID  X Renov	AY 6PM-1:	ours - Das	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi	City, State, Zip (City, State,	Code NEW YORK	X	]we	T WIF	PE HEP	
Abatement Performed Outsic  X Other - Describe: MON  Cope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF  Location of  Asbestos-containing  Material (ACM)  TO BE ABATED	ng Entire Pele of Normal DAY - FRID/ X Renov	AY 6PM-1:	ours - Das	Full Conta Mini-Encle Glovebag Non-Friab Description of As Containing Materi (ie. Thermal sy	City, State, Zip of City,	Code NEW YORK tive Pressure	X	]we	T WIF	PE HEP	
Abatement Performed Outsic  X Other - Describe: MON  Cope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF  Location of  Asbestos-containing	ng Entire Pei le of Normal DAY - FRID/ X Renov Is L norm so Maint/	AY 6PM-1:  /ation  /ocation nally used plely by /Custodial	ours - Das	Full Conta Mini-Encle Glovebag Non-Friab Description of As Containing Materi (ie. Thermal sy- insulation, surfaci	City, State, Zip of City,	Code NEW YORK tive Pressure Amount	X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON Cope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ng Entire Pei le of Normal DAY - FRID/ X Renov Is L norm so Maint/	vation  ocation ally used elely by /Custodial aff (12)	ours - Das	Full Conta Mini-Encle Glovebag Non-Friab Description of As Containing Materi (ie. Thermal sy	City, State, Zip of City,	NEW YORK tive Pressure  Amount (Specify	X	]we	T WIF	PE HEP	
Abatement Performed Outsic  X Other - Describe: MON  Cope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  D FLOOR ROOM 305	Maintine Per Per Per Per Per Per Per Per Per Pe	vation  ocation ally used elely by /Custodial aff (12) No N/A	ours - Des	Full Conta Mini-Encle Glovebag Non-Friab Description of As Containing Materi (ie. Thermal sy- insulation, surfacir or other miscella	City, State, Zip of City,	NEW YORK tive Pressure Amount (Specify SF or LF)	CONTROL	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON Cope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) D FLOOR ROOM 305 D FLOOR ROOM 303	Maintine Per Per Per Per Per Per Per Per Per Pe	A Facility Hotal Faci	ours - Des 30 AM	Full Conta Mini-Encle Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy- insulation, surfacir or other miscella	City, State, Zip of City,	NEW YORK tive Pressure  Amount (Specify SF or LF)	CONTROL	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON Open of Work (Check all that apply) Demolition X > 3SF OR LF > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) D FLOOR ROOM 305 D FLOOR ROOM 303 D FLOOR ROOM 304	Maintine Per Per Per Per Per Per Per Per Per Pe	AY 6PM-1:  /ation  /ation  ocation  ally used oldly by //Custodial aff (12)  No N/A  X  X	ours - Des 30 AM	Full Conta Mini-Encle Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy insulation, surfacir or other miscella OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)	CONTROL X X	]we	T WIF	PE HEP	
Abatement Performed Outsid  Abatement Performed Outsid  Other - Describe: MON  Open of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF  Location of  Asbestos-containing  Material (ACM)  TO BE ABATED  in Facility (13)  D FLOOR ROOM 305  D FLOOR ROOM 303  D FLOOR ROOM 304  D FLOOR ROOM 319	Maintine Per Per Per Per Per Per Per Per Per Pe	A Facility Ho AY 6PM-1:  /ation  .ocation  ally used olely by /Custodial aff (12)  No N/A  X  X  X	FIRE PR	Full Conta Mini-Enck Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy insulation, surfacir or other miscella OOFING DUST OOFING DUST OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)	CONTROL	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON Other - Describe: MON On Demolition September 1	Maintine Per Per Per Per Per Per Per Per Per Pe	A continuity Holder A cont	FIRE PREFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy insulation, surfacir or other miscella OOFING DUST OOFING DUST OOFING DUST OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)	CONTROL	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON OTHER	Maintine Per Per Per Per Per Per Per Per Per Pe	AY 6PM-1:  /ation  .ocation  ally used slely by  /Custodial aff (12)  No N/A  X  X  X  X	FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella OOFING DUST OOFING DUST OOFING DUST OOFING DUST OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)	CONTROL X X X X X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X > 3SF OR LF > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 304 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 321 D FLOOR ROOM 323	Maintine Per Per Per Per Per Per Per Per Per Pe	AY 6PM-1:  /ation  .ocation  .ocation  ally used slely by  /Custodial aff (12)  No N/A  X  X  X  X  X	FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR FIRE PR	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF 10 SF 10 SF 10 SF 10 SF	CONTROL	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X > 3SF OR LF > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 323 D FLOOR ROOM 325	Maintine Per Per Per Per Per Per Per Per Per Pe	AY 6PM-1:  /ation  /at	FIRE PREFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF 10 SF 10 SF 10 SF 10 SF 10 SF	CONTROL	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 323 D FLOOR ROOM 323 D FLOOR ROOM 323 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 326	Maintine Per Per Per Per Per Per Per Per Per Pe	Aracility Hotal Aracility Hota	FIRE PREFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X > 3SF OR LF > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 321 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 326 D FLOOR ROOM 326 D FLOOR ROOM 327	Maintine Per Per Per Per Per Per Per Per Per Pe	A A Control of the co	FIRE PREFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 323 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 326 D FLOOR ROOM 327	Maintine Per Per Per Per Per Per Per Per Per Pe	Aracility Holary Holary Specific No.	FIRE PREFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 326 D FLOOR ROOM 327	Maintine Per Per Per Per Per Per Per Per Per Pe	A Facility Holder A Facility H	FIRE PREFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 326 D FLOOR ROOM 327 D FLOOR ROOM 321 D FLOOR ROOM 325 D FLOOR ROOM 327 D FLOOR ROOM 327 D FLOOR ROOM 327 D FLOOR ROOM 614 DITION TO SCOPE:	Maintine Per Per Per Per Per Per Per Per Per Pe	A Facility Holder A Facility H	FIRE PREFIRE PROFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 325 D FLOOR ROOM 326 D FLOOR ROOM 327	Maintine Per Per Per Per Per Per Per Per Per Pe	A Facility Holder A Facility H	FIRE PREFIRE PROFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON Other - Describe: MON Demolition Demolition	Is L Normal DAY - FRID/ X Renov  Is L Normal Start Sta	A Facility Hotal Pacific And Facility Hotal Pacific And Facility Hotal Pacific And Facility Advantages of the Pacific And Facility Hotal Pacific And Facilit	FIRE PREFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	]we	T WIF	PE HEP	
Abatement Performed Outsic Other - Describe: MON Other - Describe: MON Demolition Demolition X > 3SF OR LF > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 304 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 325 D FLOOR ROOM 327 D FLOOR ROOM 327 D FLOOR ROOM 327 D FLOOR ROOM 614 DITION TO SCOPE: D FLOOR ROOM 227	Is L NOT	AY 6PM-1:  /ation  /at	FIRE PREFIRE P	Full Conta Mini-Encla Glovebag Non-Friab Description of As Containing Materi (ie. Thermal sy insulation, surfacir or other miscella OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate RNCAPSUL	ement T	ype
Abatement Performed Outsic Other - Describe: MON OTHER - DESCRIPTION	NJDEP Hauler II	AY 6PM-1:  /ation  /at	FIRE PREFIRE P	Full Conta Mini-Encla Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy insulation, surfacir or other miscella OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate RNCAPSUL	ement T	ype
Abatement Performed Outsic Other - Describe: MON  Cope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  D FLOOR ROOM 305 D FLOOR ROOM 305 D FLOOR ROOM 319 D FLOOR ROOM 320 D FLOOR ROOM 321 D FLOOR ROOM 325 D FLOOR ROOM 327	NJDEP Hauler II	Facility Ho AY 6PM-1:  /ation	FIRE PR COULT FIRE PR	Full Conta Mini-Encla Glovebag Non-Friab Description of As Containing Materia (ie. Thermal sy, insulation, surfacin or other miscella OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate RNCAPSUL	ement T	ype
Abatement Performed Outsic Other - Describe: MON OTHER - DESCRIPTION	Is L NOTE: N	Facility Ho AY 6PM-1:  /ation	FIRE PREFIRE P	Full Conta Mini-Enclo Glovebag Non-Friab Description of As Containing Materi. (ie. Thermal sy: insulation, surfacii or other miscella  OOFING DUST	City, State, Zip of City,	Amount (Specify SF or LF)  10 SF	CONTROL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate RNCAPSUL	ement T	ype

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

		_		(ruisu	arit i	10 NJAC 8:60-7	and 12:120-7)						- [ ] ]
Date of Notification (1)					Na	me of Building	Owner/Operato	or (2)		_		-	- 1
10 / 22	/18						DOHME CORP						
	e Notificat	ion				eet Address							
EPA X	Initial No	otification	on		City	E. LINCOLN A	VENUE, P.O. B	OX 2000, RY28-	414				APR .
X DOL	Amende Cancella	d Notif	ication		RAI	HWAY, NEW J	ERSEY 07065		70-15-4-5				
X DOH	On Hold			- 1								- Cardon	
DCA	EMERG	ENCY	NOTIFIC	ATION	Nan	ne of Contact TRICIA JOHNS	241	Telephone	Numbe	er			
								732-594-77					1 14 1
Name of Facility Where Abatem	nent is Tal	king Pl	ace (3)		AC	ILITY INFORMA	TION						
						.65	Type of Faci School	(K-12)	Carried a	11/1/20			
MERCK SHARP & DOHME COR	RPORATIO	N					Subcha	pter 8 (Other tha	1/ 4/	01			
Street Address							_   Other (i	<ul><li>e. private &amp; com</li></ul>	mcl h	2) Idae	homo	c oto	ä
126 EAST LINCOLN AVENUE - E	BUILDING	33					Oquale Fee	t # of Floor	s	iugs.,	HOHIE	Bldg.	Age
City (5)	County (			1	20111	nty Code (7)	98,230	7				71	
RAHWAY	LINION			(ST	TATI	E USE ONLY)	Current Use (	Prior if being de	molish	ed)			
Name of Monitoring Firm Hired	by Buildir	ng Owr	ner (8)	1		ASCM No.	COMMERCIA Name of Abo	L		- 10			
ENVIRONMETAL HEALTH INVESTIGET Address	STIGATIO	NS, IN	C			17	PAR ENVIRO	tement Contrac NMENTAL COF	tor (9)	)			
655 WEST SHORE TRAIL							Street Addres	S	KPORA	ATION	1		
City, State, Zip Code							313 SPOOK F	ROCK ROAD					
SPA	RTA, NEV	V JERS	SEY 078	71			City, State, Zir	Code				-	
Froject Manager for Monitoring Fir	m			ne Numbe	г		Tolophone N	W YORK 1090					
WILLIAM S. KERBEL, CIH			973-729	-5649			Telephone Nu		cense	Numi	ber		
Expected State Date (10)		Sche	d. Comp	letion Dat	e (1	1)	845-369-7500 Name of OSH,	46	30				
Month Day Ve	/18	1	. 6 /		30	/19	AMERISCI I A	A Monitor BORATORIES I	NO	7			
Occupancy Status During Abateme	ent (Check	Mor	201	Day		Year		DOTATORIES I	NC.	7	#1148	0	
In Indulity Closed/Vacated	During Er	ofice De		hatement			Street Address				_		
A coatement renormed (	Jutside of	Norma	Facility	Hours De	escri	he:	117 EAST 30T	H STREET					
X Other - Describe:	MONDAY -	- FRIDA	Y 6PM-	1:30 AM		50.	City, State, Zip	Code					
Scope of Work (Check all that apply	v.)		ક્રો					NEW YORK	NITIA	///05			
Demolition Demolition		Renov	ntin-			Full Conta	inment with Neg	NEW YORK	X	TWE	KK 100	16	
X >3SF OR LF		Renov	ation		1	IVIINI-ENCIO	<b>.</b>		1		= I VVII	PE HE	PA VACUUI
>160 SF OR 260 LF					H	Glovebag	Procedure e Procedure						
Location of		Is Lo	ocation		D	escription of As							
Asbestos-containing	- 1	norma	ally used		Co	ntaining Materia	Destos-				Abate	ement	Туре
Material (ACM) TO BE ABATED		sol	ely by	1	(	ie. Thermal sys	tems	Amount	188	REPAIR	E		1
in Facility (13)	- 1		Custodia	1	insi	ulation, surfacin	g. VAT	(Specify SF or LF)	N C	PA	S	5	
arradimy (13)		Yes N	ff (12)	4	or	other miscellar	leous)	SF OI LF)	RO	72	PS	ENCLOSUR	
RD FLOOR ROOM 305		res IN	o N/A	-					-		ENCAPSULE	둤	
RD FLOOR ROOM 303		+	X	FIRE PR	OOF	ING DUST		10 SF	X	1	11		
RD FLOOR ROOM 304		-	X	FIRE PRO	OOF	ING DUST		10 SF	X			1	
RD FLOOR ROOM 319	-	+	-\hat{x}	FIRE PRO	OOF	ING DUST		10 SF	X		1		
		+	X	FIRE PRO	JOF	ING DUST		10 SF	X		1	-	
RD FLOOR ROOM 320			_	FIRE PRO	JOF	ING DUST	4	10 SF	Х				
D FLOOR ROOM 321				ICIKE DDC	JOF	ING DUST		10 SF	X		1		
RD FLOOR ROOM 321 RD FLOOR ROOM 323		+	X	EIDE DE	26:							1	
RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325		1	Х	FIRE PRO	OOF	ING DUST		10 SF	X				
RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 326		-	X	FIRE PRO	OOF OOF	ING DUST			Х	-			
RD FLOOR ROOM 321 RD FLOOR ROOM 323			X X X	FIRE PRO FIRE PRO	OOF OOF	ING DUST ING DUST ING DUST		10 SF	X X				
RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 326			X X X	FIRE PRO FIRE PRO FIRE PRO	OOF OOF OOF	ING DUST ING DUST ING DUST ING DUST		10 SF 10 SF	X X				
RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 326 RD FLOOR ROOM 327			X X X X	FIRE PRO FIRE PRO FIRE PRO FIRE PRO	OOF OOF OOF	ING DUST ING DUST ING DUST ING DUST ING DUST		10 SF 10 SF 10 SF	X X				
RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 326 RD FLOOR ROOM 327 RD FLOOR ROOM 327 RD FLOOR ROOM 332 H FLOOR ROOM 614			X X X	FIRE PRO FIRE PRO FIRE PRO FIRE PRO	OOF OOF OOF	ING DUST ING DUST ING DUST ING DUST		10 SF 10 SF 10 SF 10 SF	X X X				
RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 326 RD FLOOR ROOM 327 RD FLOOR ROOM 327 RD FLOOR ROOM 322 H FLOOR ROOM 614	I N.	JDEPT	X X X X X	FIRE PRO FIRE PRO FIRE PRO FIRE PRO FIRE PRO FIRE PRO	OOF OOF OOF OOF	ING DUST		10 SF 10 SF 10 SF 10 SF 10 SF 10 SF	X X X X				
RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 325 RD FLOOR ROOM 327 RD FLOOR ROOM 327 RD FLOOR ROOM 332 RH FLOOR ROOM 614 REPORT ROOM 614 REPORT ROOM 614 REPORT ROOM 614 REPORT ROOM 614		JDEP \	X X X X X X	FIRE PRO FIRE PRO FIRE PRO FIRE PRO	OOF OOF OOF OOF OOF	ING DUST	lame of Register	10 SF 10 SF 10 SF 10 SF 10 SF	X X X X X				
2D FLOOR ROOM 321 2D FLOOR ROOM 323 2D FLOOR ROOM 325 2D FLOOR ROOM 326 2D FLOOR ROOM 327 2D FLOOR ROOM 327 2D FLOOR ROOM 327 2D FLOOR ROOM 614 2D FLOOR ROO			X X X X X X X Naste	FIRE PRO FIRE PRO FIRE PRO FIRE PRO FIRE PRO FIRE PRO	OOF OOF OOF OOF	ING DUST	lame of Register	10 SF 10 SF 10 SF 10 SF 10 SF 10 SF	X X X X X	NAGE	EMENT	SER'	VICES
RD FLOOR ROOM 321 RD FLOOR ROOM 323 RD FLOOR ROOM 325 RD FLOOR ROOM 326 RD FLOOR ROOM 327 RD FLOOR ROOM 327 RD FLOOR ROOM 327 RD FLOOR ROOM 322 RH FLOOR ROOM 614 RM e of Registered Waste Hauler EEHOLD CARTAGE, INC. RHIGHWAY 33 R State EEHOLD NEW JERSEY		auler ID	X X X X X X X Naste ) No.	FIRE PRO FIRE PRO FIRE PRO FIRE PRO Cubic Yard	DOF DOF DOF DOF DOF DOF DOF DOF DOF	ING DUST ING	lame of Register YCOMING COU 47 ALEXAMIER	10 SF 10 SF 10 SF 10 SF 10 SF 10 SF ed Landfill	X X X X X	NAGE	EMEN	T SER	VICES
2D FLOOR ROOM 321 2D FLOOR ROOM 323 2D FLOOR ROOM 325 2D FLOOR ROOM 326 2D FLOOR ROOM 327 2D FLOOR ROOM 327 2D FLOOR ROOM 327 2D FLOOR ROOM 614 2D FLOOR ROO		auler ID	X X X X X X X Naste ) No.	FIRE PRO FIRE PRO FIRE PRO FIRE PRO FIRE PRO FIRE PRO Cubic Yard	DOF DOF DOF DOF DOF DOF DOF DOF DOF DOF	ING DUST ING	lame of Register	10 SF 10 SF 10 SF 10 SF 10 SF 10 SF ed Landfill	X X X X X	NAGE	EMEN	SER	VICES

ASSURED SERVICES

PAGE 03/04

AGE	03/04
	10.0

	MC	TIFICATI (Porsus	State of No ON OF ASI int to NJAC	RESTOR	SMAY!	MENT Dj	,GL	TENTE	PR - /			CLESTAIN'S
Date of Natification (1) 09/22/2019	HEAT NAME OF A	Name CH	of Building RIS WAY	Owner/0	perator	(2)		<u> DOF</u>	-101	MY	7	+
Agencies Notified Type Notification	7	Sine	t distribution		the constant			R/A	227	010	9	+
DEP Amended Amendman		Olly, I	State, Zip C	ode WNSH	PNJ	08108	7.*		TAN/	<u> </u>		$\dashv$
DOH Emergency justification of Cancellago	}	Name	of Comaci RIS WAW	Diamen		-	士	Teledhar	n Mumbe	2011	<u> </u>	
Name of Feelilly Where Abetement is Text	ng Place (3)	FA	CILITY INF	GRMATI	NO	0 sev?	Pacility (s	<u> </u>	Santa and a sa	· LOLENCON	-	
Street Address						P s	chool (K-1;		n K-12) marolal h	illding	a Janu	Warre .
CAY (5) HADDON TOWNSHIP						Square 2,092	Feet	# of Floor		Bidg. 59		
CAMDEN		GTAT	y Côde (7) E USE ONLY	)		Current RESI	Usa (Prio DENTIA	r Whalse de	malished)	44	-	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TESTING CO.	Owner (8) NS ULTAN	TB ASC	OM No.		Name (			rector (9) NMENTA	LSERV	ICES	E INC	
413 N. BLACK HORSE PIKE					Street /	Address CLEMS			-		- 77.4	
City, State, Zip Gode RUNNEMEDE NJ 08078					City, St MUL	ate, Zip LICA H	Code IILL NJ C	18082			. **	
Project Manager for Monitoring Firm		955-	one No. 209-1631		Telepho 610-3	one Na. 804-46	75	Licer 011	15e No. 45			
Start Date (10) 03/26/2019	\$chsduled ( 03/26/20	Completion 19	Date (11)		Name o	POSHA	Mondar		•			
Occupancy Status During Absternant (Chec Facility Closed/Vecated During Entire F Absternant Performed Outside of Norm Other - Describe: WORK AREA (AC)	toded of such	Sment Life ABATEMI	ENT	L	200 F	atm. Zio (	NORTH Code	*				·
Scope of Work (Check All That Apply)					CINN	AMINS	N NO	08077				_
5120 at 01 5590 t.		noithe noith			Z	Mini-E	nciosura 380 Prace	t with Negat Sure ") and Non-F				
Lecation of	ls Loc Nont	hally		Deac	fation o			) C. 102 19061-1	THEMS PIE	Abata	meni pe	
Asbestos-Containing Meterial (ACM) TO BE ASATED In Facility (18)	Used So Mainter Custodia (12	nance/	Asbesto (I.e. t	os Contair hermal sy surfacin other mis	ning Ma Sharns I 9, VAT,	torial (Ai nsuistici or	CRAS)	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Епсющие
ATTIC	Yes No	N/A		VERMI	CIII	16		90 SF			alle	ā
				- Di ttati	0001			20 2r	X	-	-	$\dashv$
		I_										
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERV	VIACO	NJDEP W Hauler ID 0034898		Cubic Ya of Wasts 8				gistered Lan LANDFII				-
City, State MULLICA HILL NJ				Disposal i	Date	Ci	y, Siate	BURG, O	— —			-
Compatible by RON SWANSON	THE GENERA	AL MAN	AGER	. Sign	atu/e	ans C	DUEN	-	Pale 03/22/2	2019		$\dashv$

\* Do not use this form for asbestos licensure exempted activities.

01-18-'19 12:52 FROM- SK	Y CON	TRAC'	TING		973-9	928-50	311		Υ-	086	P000	)2/	0004	F-	-141
K3135 PAI	D	NOTIF (P	CATION	nate of New N OF ASB to NJAC	ESTOS	ABATE	MENT	: [	~~~·		<b>E</b> 1	0	原	川	W
Oate of Notification (1) 1/18/2019	-		Name o	of Building entiel	Owner/C	Operator	(2)				A	PR	-	1 2	019
Agencies Notified Type Notification			Sireet A	Address						•	7	_	1	1	
K EPA   Initial Amended Amendmen	1.0	}	City, Str	ate, Zip Co lair, Nev	de Lorse	w 070	M2		(Al)	TVER	水	74	V		1
Emergency Justification	(Including	-	Name o	f Contact			142		Tel	ephone	Numb	el.		71.74	.,
				ILITY INFO					1			-			
Name of Facility Where Abetement is Takir Residential	ng Place (	3)				-		of Facility	• •						
Street Address				1 8000				School (K- Subchapte Other (I.e.	r B (Oth	er than i	K-12) erdal	bullo	lings,	hom	<b>0</b> 3,
Čky (š) Montolair								etc.) re Feet	#0	/ Floors			idg. A	99	
County (6) Essex			County (STATE	Code (7) USE DNLY)			Curra	ni Use (Fr		ng dam	olishei	1			
Name of Monitoring Firm Hired by Building TBD	Owner (6)	)	ASCA	M No.			of Aba	tement Co		(8)					
Street Address			-				Addres	y Road,	Sulla	м	~~~				
City, State, Zip Code			~			Číty, S	tate, Zi	p Code							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N		19 0/4	Licene	e No.				
Start Date (10)	Schedul	ed Cor	mpletion	Date (11)			928-	5040 4A Monitor		00874	4				
1/21/2019 Occupancy Status During Abatement (Cher	2/21/2	019	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Sky (		ading, L							
	Period of	Abaten	nent			1385	Valle	y Road,	Suite	K					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe:	nai Feciliy	Hour	5		_			p Code Bw Jerse	y 074	70					
Scope of Work (Check All That Apply)	E .				-	F.								_	
23 st or 23 if 2160 st or 2260 ft	M f	avone? IllomeC	lion			×	Min	Containm ni-Enclosur webay Pro n-Exemple	e cedure	57/				,	
Location of	2.7	Locat											Abate	meni	i
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	d Sole Intena Iodial ( (12)	ely by nce/ Staff?	Asbest (I.e.	os Cont Ihermai surfac	scription sining M systems cing, VA niscellen	leterial insula T, or	(ACM) allon,	(\$	mount Specify For LF)		Removal	Repair	Excapsulate	Enclosure
Throughout	Yas	No	NIA		loop u	p debr	a ld. ie	1	5.0	00.05	+			Ħ	<u> </u>
moognout	+	^			iean u	p debi	18/003	11	3,6	00 SF	+	×			
													_		
Name of Bosissand Ideas Novins			1000		24. 5.1.										
Name of Registered Waste Hauter Service Transport Group, Inc.		Н	JDEP W lauler ID 0990		of Was			Name of Minery				0			
City, State New Castle, Delaware		1-				al Date		City, Star		Ohlo			Anna Print La		
Completed by Predrag Sarcev	Title	Presi	dent			o leture					1/18	/20	19		
						-			44	مممر					

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

UK 1391	) PA		(P	ursuant	to NJAC 8:	50 and 12:1	20)		1 1 5 -					3-1
Date of Notification (1)		Taring the same of			f Building Ov	vner/Operat	or (2	)		7				
03/25/2019	T				EMMER					A	PR -	4 2	1019	- 1
Agencies Notified	Type Notification			Street A	ddress									4
EPA DEP	Initial Amended		H	City, Sta	ate, Zip Code	9					- 10	3 5		
DOL	Amendment				ECK NJ.					+	Torsi va			
DOH DCA	Emergency justification)	,			f Contact					ephone Ni	ımher		2000	
DCA	Cancellation	1			EMMER				_					
Name of Facility Where	Abatement is Takin	g Place (3	3)	FACI	LITY INFOR	MATION	T	ype of Facility (4	4)					102
PRIVATE			58				F	School (K-1				No.		
Street Address								Subchapter	8 (Othe			dings,	home	es,
City (5)								quare Feet	# of	Floors	E	Bldg. A	ge	
TEANECK NJ.	ounty (6)							,400 SQ		2		98		
County (6) Bergen							С	urrent Use (Prid N/A		ng demoli	shed)			
Name of Monitoring Firm	n Hired by Building		ASCM	l No.			Abatement Con H EAST EN\		1000	AL LLO	 D.			
Street Address	reet Address							ldress 51ST.		7				
City, State, Zip Code								e, Zip Code H BERGEN I	VI 07	n47				
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.			e No.	10.07	License	No.			
,	3							6 -0642		01300				
Start Date (10) 03/27/2019		Schedul 03/28/		npletion I	Date (11)			OSHA Monitor ANALYTICA	L INC					
Occupancy Status Durin	g Abatement (Ched	k Only O	ne)			Stree	et Ad	ldress						
Facility Closed/Vac Abatement Perform	ned Outside of Norn	Period of a	Abaten / Hours	nent		City,	Stat	38TH. ST. e, Zip Code					2	
Other – Describe:			110-000			- NE	W )	ORK NY						
Scope of Work (Check A  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	All That Apply)	-	Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e	
		100	Locati										ement pe	
Location			Normal ed Sole		A = b = = 4 = -	Description					-	1)		
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Cus	todial (12)	Staff?	(i.e. th	s Containing ermal syster surfacing, V other miscella	ms in /AT,	sulation, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No X	N/A										
BASEM	BASEMENT					PE INSUL	_AT	ION	6	0 LF	X			
Name of Registered Was	10000	IJDEP W lauler ID		Cubic Yards of Waste		Name of I	0.0070.500							
TRI STATE ASSOC	10000	9951		ГBD		MINER	9896 VANDA	NIERPF	KISE					
City, State BRONX NY.						Disposal Dat ΓBD	te	City, State		RG OHI	0			
Completed by CARLOS ESQUIVE	NER			Signatu	ire/	2 Exemple	JQP.	/	ate 03/25/	2019				

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 02-04-19 IBN Construction Corp Agencies Notified Type Notification Street Address 49 Hermon St. **EPA** Initial City, State, Zip Code DEP Amended DOL Amendment # Newark, NJ 07105 Emergency (including Name of Contact Telephone Number DOH justification) Nelson Espinosa (973) 344-4568 DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Orange County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address Street Address 522 7th St. City, State, Zip Code City, State, Zip Code Union City NJ 07087 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201 216-9603 01206 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 02-05-19 02-08-19 Delfa Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address 522 7th St. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union City NJ 07087 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, TO BE ABATED (Specify Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A Demolition / Asbestos Debris Entire Property Х Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler **NJDEP** Waste of Waste

Hauler ID No.

Title

Proj. Manager.

SW 2912

200

Disposal Date

02-08-19

Signature

02-04-19

Waynesburg, Ohio

City, State

City, State

Linden, PA

Completed by

Jaime Delgado

Weigle Trucking Company

Date

Minerva Enterprises, LLC

	K8007 PA		NOT	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMEN (0)	ΙΤ		追	<b>C</b> ,	F		<u>W</u>	
	Date of Notification (1) 04/01/19				of Buildin Hee Lee		/Operato	r (2)		111			_			4
	Agencies Notified Type Notification	1		Street	Address							APR	120 HG	4 (	2019	11
	EPA Initial										J. Champer					
	DEP Amended Amendmer	nt #		City, S	tate, Zip	Code	1.0700	_			Paris-				1	
1	Emergency	(includin	g		ewood (		J 0/63.	2				. J. S.		4	re (r	4-
1	DOH justification Cancellatio				of Contac					Te	elephone	e Numb	er			
İ		**	4-11-5	1000000	CILITY IN	500	ION									
	Name of Facility Where Abatement is Taki	ng Place	(3)			TOTALIA	ION	Тур	e of Facility (	4)			_	_	-	
	Street Address	(5) plewood							School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	ner than & comn	K-12) nercial	buil	dings	, hom	ies,
	City (5) Englewood	lewood by (6)						Squ	are Feet	# 0	of Floors	i	В	Bldg.	Age	
L	County (6) Bergen	n					_	Cur	rent Use (Prid	or if be	ing dem	nolished	i)		J. 5.145	
L		of Monitoring Firm Hired by Building Owner (8)						of Ab	atement Con	tractor	(9) NALS		10			
	Street Address						Street 6 WH		ess DOVE CC	DURT	-					
	City, State, Zip Code		A A -0.2-				City, S LAKE	tate,	Zip Code OOD, NJ 08	3701			-			
	Project Manager for Monitoring Firm			Telepho	one No.		Teleph 732-6	one I	No.		Licens					
	Start Date (10) 04/02/19	04/05/	19	mpletion	Date (11)	)			HA Monitor D PROFE	SSIO	NALS				- TA	
-	Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I			nent			Street	Addre			_					
Parent County	Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hour	S			City, St	ate, 2	Zip Code							
,	Scope of Work (Check All That Apply)							- * * * *	OD, 140 00	701						
Biocond Forces	≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Property.	Renova Demolii				  	Mi Gl	ill Containme ni-Enclosure ovebag Proce on-Exempted	edure					0	
	Location of		Locati							<u> </u>	3 14011 1	nable i		Abate	ement pe	
	Asbestos-Containing Material (ACM)		ed Sole		Asbes	stos Cont	scription of aining Ma	ateria	I (ACM)	Aı	mount					
	TO BE ABATED In Facility	1000000	todial S		(i.e.	. thermal	systems sing, VAT	insul	ation,	(S	pecify	2	0	Z.	nca	Enc
	(13)	Yes	(12) No	N/A		other m	niscellane	eous)	,	SF	or LF)	a de de	Domousi	Repair	Encapsulate	Enclosure
	EXTERIOR	The second secon								20	00SF	x	+		(D	
_										5			1			
N	lame of Registered Waste Hauler		IN	JDEP W	aste	Cubic	/arde		Name of D	ogisto	od I as	1611				
N	EWARK CARTING	auler ID 1509		of Was			Name of R	egistel	eu Land	allil						
N	ity, State EWARK, NJ			Dispos: 04/05/			City, State BETHLE	НЕМ	PA							
	ompleted by DSEPH PERLSTEIN	eted by									100	Date	/10			



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

	7-7	(A)	-	п	n n
	1100	100	1	11	Wit
1		1	11-	- 11	16.7
	Lared		17.2	13	1

Date of Notification (1)			Namo	of Building	Ownor	Onarata	- (2)	1 . K	<u> </u>				į	ii
04/01/19			Antho		Owner	Operator	(2)			APR -	- 4	2019	**************************************	4
Agencies Notified Type Notification	1		Street /	Address					1					
EPA Initial Amended			City, St	ate, Zip C	ode				المدي	1 1 1	2.2	-	-	_
DOL Amendmen		_	Bellev	ville, NJ								- C		
DOH justification Cancellatio	)	J	Name of Antho	of Contact					Te	lephone No	umber			_
Read Soul				ILITY INF	ORMA	TION			1					
Name of Facility Where Abatement is Taki	ng Place (	(3)					Туре	of Facility	(4)					
Street Address								School (K- Subchapte	12) r 8 (Oth	ner than K-	12)			
							×	Other (i.e. etc.)	private	& commerc	cial buil	dings	hom	e
City (5) Belleville						7		re Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6)				Code (7)			Curre	nt Use (Pr	ior if be	ing demolis	shed)			_
Essex			(STATE	USE ONLY						9 -3				
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.				tement Co PROFE						
Street Address						Street	Addres	S						-
City, State, Zip Code								DOVE C	OURT					_
Transition Control Condition (Condition Condition Condit						LAKE	EWOC	DD, NJ 0	8701					
Project Manager for Monitoring Firm			Telepho	ne No.		1 St. 100 St.	none No 668-9			License I	No.			
Start Date (10) 04/11/19	Schedul 04/15/		mpletion	Date (11)		Name	of OSH	A Monitor						_
Occupancy Status During Abatement (Che	1.55	59	2.500.09004784			Street	Addres							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of a	Abater y Hour	ment 's			City, S	tate, Zi	o Code	20200					_
Scope of Work (Check All That Apply)			11-2			LAKE	EWOC	DD, NJ 0	8701					_
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoli				×	Min Glo	i-Enclosur vebag Pro	e cedure	n Negative			۵	
XI.	1.5	Locat										Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ely by	Ashes	De tos Cor	escription ntaining M	of laterial	(ACM)	Δ	mount		1 1	pe	Γ
TO BE ABATED In Facility		intena todial	Staff?	(i.e.	therma	al systems acing, VA	insulat	tion,	(S	Specify or LF)	Ren	Re	Enca	
(13)		(12)	1			miscellan			01	OI LI )	Removal	Repair	Encapsulate	
INTERIOR	Yes	No	N/A	ı	DIDE	INSULA	TION			OLF.	-		୍ଟି	-
EMOR					II C	INSULA	TION		b	SOLF	x			-
														-
					-									-
Name of Registered Waste Hauler NEWARK CARTING		1	NJDEP W Hauler ID 4509		Cubic of Wa	Yards aste		Name of IESI	Registe	red Landfil				
City, State NEWARK, NJ			.000			sal Date		City, State		1 DA				_
Completed by	Title					Signature		שבוחנ	LIICIV	200	ate			
JOSEPH PERLSTEIN	OWN	<b>IER</b>								100	4/01/1	19		

Emergency

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Our lady of Hope Regional School

420 South Black Horse Pike

Blackwood NJ 08012

MDG Environmental LLC

Maple Shade NJ 08052 Project Manager for Monitoring Firm

Scope of Work (Check All That Apply)

1000 Maplewood Drive Suite 207

Title

President

Date of Notification (1)

3/29/19 Agencies Notified

**EPA** 

DEP

DOL

DOH

DCA

Street Address

County (6) Camden

Street Address

Chris Macri Start Date (10)

4/1/19

City, State, Zip Code

X

### NOTIFIC (Pui

		_											Prin	It For
Emerg	PAU	N		ATION	te of New Jersey OF ASBESTOS A o NJAC 8:60 and	ABATE		r Ck	< 73	311_	garanti (gara	with the difference of the	NEWS VA.	
of Notification (1) 9/19					Building Owner/O  (Operator)			ocese of Ca	mden		IS	-	W.	=======================================
cies Notified	Type Notification			treet Ad 301 Ea	ldress est Clements B	ridge	Roa	d	** Ye.	ADD	_	A 9	าาก	la managar.
EPA DEP DOL	Amended Amendment #		1		e, Zip Code mede NJ 0807	78				711.11			JIJ	
DOH DCA	Emergency (in justification)  Cancellation	cluding		lame of Vince	Contact					none Numb 941-1186			27	5 20
				FACIL	ITY INFORMATION	ON								
(3.5)	Abatement is Taking egional School	Place (3	)				Typ	School (K-12 Subchapter 8 Other (i.e. pretc.)	2) 8 (Other		buildi	ngs, l	nome	s,
(5) ckwood NJ 080	12							uare Feet 00 +	# of F	loors		dg. Aq 5+	ge	
nty (6) nden					code (7) SE ONLY)		Cur	rent Use (Prio	r if being	demolished	3)			
e of Monitoring Firm G Environmenta	Hired by Building Ov	wner (8)		ASCM	No.			batement Cont Inc.	tractor (9	)				
et Address 00 Maplewood D	rive Suite 207					Street								
State, Zip Code	8052			9:		7.5		Zip Code erlin NJ 080	91					
ect Manager for Mor	nitoring Firm			elephor	ne No. 55-9300	Telepi 856-		No. 3-9800	1.3	icense No. 00727				
Date (10) /19		Schedule		pletion [	Date (11)	Name		SHA Monitor		-50 069 mg 50				
	g Abatement (Check					Street		7999	-					-
Facility Closed/Vac Abatement Perform	ated During Entire Pened Outside of Norma SECTION OF SCHOOL CO	eriod of A	Abateme	ent				Zip Code						
e of Work (Check A											0=20110			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	•		Renovat Demoliti			2		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				9	
Locatio	n of	i	Locatio	y	De	scription	n of					Abate Ty	ment pe	
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	n Material (ACM) NATED National (ACM)	Ma	ed Solel intenan todial S (12)	ice/	Asbestos Con (i.e. thermal surfa	taining (	Mater ns ins AT, o	ulation, r	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
library V	Ving	100	×	7.	Floor	Γile & I	Mas	tic	580	0 SF	х			
						-65-00-10-5-								

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		Description of estos Containing Mate e. thermal systems ins surfacing, VAT, o other miscellaneou	sulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		te	
library Wing		Ж	~,		Floor Tile & Mas	tic	5800 SF	х			
	-						-	-			-
Name of Registered Waste Hauler United Roll Off		H	JDEP W lauler ID 2459	CESTE .	Cubic Yards of Waste 30		of Registered Landfil O.W.S.	11			

Disposal Date

Signature

4/12/19

Date

3/21/19

Morrisville PA 19067

City, State

Anthony T Perna

Completed by

City, State

Elm NJ

## ATTN TOM VORHEES CHRISTREVORS EMERGENCY

REQUEST 10 DAY NOTIFICATION WAIDER

CK4 4777

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

Date of Notification (1)	29-19		Nar	me of Build	CLAILK		ASSOC	LATES AF	PR -	4	2019	}_
Agencies Notified	Type Notificat	ion	Stre	eet Addres	110 5	OL	11105 1	) K				
区 区 区 区 区 区 区 日 日 日 日 日 日 日 日 日 日 日 日 日	Arnended Amendmer Emergency justification Cancellation	(including		, State, Zip ne of Conta	Code AP = M		Y COUR	T HOUSE		O'	82	0
	1		FA	ACILITY IN	FORMATION							
Name of Facility Where	Abatement is Tal	king Place (3)				_		12) r 8 (Other than K-1 private & commen		klings	i.	
City (5)	111000						Square Feet	# of Floors	8	18g. A		
County (6)	MAY		Cou	inty Code ( E ONLY)	7) (STATE	-		Prior if being demo	ished)	سر		_
Name of Monitoring Firm (8)		Owner	ASON	1 No.		KI	ent Contractor (	IMC				
Street Address	10					69	S. SPU	RUCE WIL	-			_
City, State, Zip Code						AY	de PLE SH		08	05	2	_
Project Manager for Mor			lephone		Telephone No	79		License No	37	_		_
Start Date (10)	Sch	eduled Comp	letion Da	ate (11)	Name of OSH	KA MK	onitor N/A				_	_
Occupancy Status Durin  Facility Closed/Vacate  Abatement Performed  Other - Describe:	ed During Entire F	eriod of Abat	ement		Street Addres		de			=	=	=
Scope of Work (Check a	If that apply)	☐ Renova			☐ Mini- ☐ Glovi	Enck	osure Procedure	gative Pressure				
2160 sf or ≥260 H		Is Locati			Non-	Exen	noted (*) and N	on-Friable Procedu		bates Typ		
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM)	Normal Used Sole Maintena Custodi Staff? (12)	ity by noe/ al	Asbesi (i.e.,	Description os Containing Nothermal system surfacing, VA other miscellar	Mater ns ins AT, o	sulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
010111		Yes No	N/A	TI	e AN SII	E		2000 SE	X			
SIDING						_			+-	_	-	
			-						+			
Name of Registered Was	te Hauler		UDEP V	No.	Cubic Yards of Waste		Name of Reg	stered Landfill	\			
City, State	INC		1790	DY	Disposal Date	-	City, State :		<u>.</u> .7 è	·	- 65	
MAPLE SHIP	WE W. J				Signature	- 1	<u> </u>	Date	<u>. , , , , , , , , , , , , , , , , , , ,</u>		_	
Completed By		PRES			- The	116	1h					=

· ····· !:~assum exempted activities.

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 3-29-19 Agencies Notified Type Notification Street Address EPA Initial Initial DEP Amended City, State, Zip Code DOL Amendment # 08234 Emergency (including DOH justification) Name of Contact Telephone Number DCA Cancellation 609-926-7373 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address School (K-12) -Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, nomes, etc.) City (3) Square Feet # of Floors Bldg. Age 2-100 100 412 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLI) lecchent Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address 1212 150 City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 659-346 0/070 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only Oné) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf .☑ ≥160 sf or ≥260 lf ☐ Renovation Fuli Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Used Solely by Lecation of Description of Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, surfacing Custodial Staff? Removal In Facility (Specify menpsulati Repair VAT, or (12)SF or LF) other miscellaneous) Yes No N/A 300 59 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Sa 20547 Disposal Date City, State 1.50 Signature K Resident. Date

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	ECEIV
Agencies Notified Type Notification Street Address	APR 4 2019
DEP Initial Olf Calvol lend DOL Amendment # City, State, Zip Code	
DOH justification)  Name of Facility Where Abatement is Taking Place (3)  Emergency (including justification)  Name of Contact  FACILITY INFORMATION	Telephone Number
Street Address Street Address Street Address	Ly (4) K-12) Cr 8 (Other than K. 12)
County (5)  Square Feet  County (6)	private & commercial buildings, homes, etc.)
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Control of A	/ / / / / · /
City, State, Zip Code    City, State, Zip Code   City,	Arenew t Churchiteri / (1)
Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  Scheduled Complete  Scheduled Complete  Scheduled Complete  Telephone No.	1) J Est C) 5  License No.  16 EV 272
Occupancy/Status/During Abatement (Check Only Onc)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside State Period of Abatement	
Other - Describe: City, State, Zip Code  Scope of Work (Check All That Apply)  □ ≥3 sfor≥3 If	
Z ≥160 sf or ≥260 lf	vith Negative Pressure
Location of Normally Used Solely by Maintenance/ Asbestos Containing Material (ACM)  In Facility Custodial Staff?  (13) VAT or VAT or	Amount (Specify & R R R R R R R R R R R R R R R R R R
Yes No N/A Sidm	(Specify SF or LF)  Repnir  Repnir  Repnir
me of Registered Waste Hauler	
The NOEP Waste Hauler ID No. Of Waste Of Registered State Cubic Yards Of Waste Of Waste Cubic Yards Of Waste Of Waste	d Landiiii
pleted by  Title  V. RiENDERT.  Disposal Date  City, State  Signature  Signature	On Fig.
41 (R-06-08)  * Do not use this form for asbes	itos licensure exempled activities.

2019-03-26 09:04

Shade Environmental 1 >> 609 633 0666

00 10 07107		7	9119	MG E	IIVI		tai	. 1 >> 00	14 033 000	14	n ( )		7	9/3	1
CK 5571	JPA.		NOT		MOIT		BES	Jersey STOS ABAT ::50 and 5:10			-API	7-	-	c 120	M <del>a</del> -
Date of Nelfication (1)	1				Nama	of Building	a Ow	ner/Operator (	2)		121.		1	330	VIU
	26 /	19							orty Manager	ent and Cor	struc	le	n		
Agencies Nodfled	Type Notific	ation			Street	Address		- de desire de la companyone				-	-	/	_
S EPA S DOLWD	[22] Initial			1	50	West Sta	to S	treet		1			- /	<b>/</b> -:	4.7
⊠ DOH	Amende Amendr				City.	State, Zie C	ode				7	1	1		
□ DCA	⊠ Emorgor			.	Tre	nton, NJ	088	25-0034				J.	ļ	4 <b>*</b> *1	
(NUAC 6:23-8)	ustificat	ion)	PINN I	•	Name	of Contac	1		White the second	Telephone N	THE REAL PROPERTY.	_	-	-	1
	☐ Cancella					orgette B	7	:h		609-633-				·:	
					FA	CILITY IN	IFO	RMATION							_
Name of Facility Where	lbetement is	Taking	Place	(3)					Type of Fadility					***	
NJ Taxation Buildin	1ġ								School (K-1) Subchapter	2)					
Street Address							The same		Subchapter Scher (Le., p	6 (Other than K	(-12)	<b>L</b>	16-11	_	- 1
50 Barrack Stroot									homes, st.	) New and and cour	MUNICIPAL	מפ	ecount g	Σ,	
CITA (Q)					T	The state of the s		A CONTRACTOR OF THE PARTY OF TH	Square Feet	# of Floors	1	Bio	ig. A	16	
Trenton									10,000	10	1		100	50.	
County (5)					Cour	ity Code (7	)(STA	TE USE ONLY)	Current Use (F)	nor If being dem	nolished			_	
Morcer	A. T. J. Von Bridge								Taxation B		2				
Name of Monsoring Firm			יפתאל	(8) (8)	<b>BCM</b>	No.	Na	me of Abeteme	ent Contractor (9	-				_	-
Environmental Con	noction, in	c.					8	Shade Enviro	onmental, LLC						
Street Address					+		_	asi Address	,		AND DESCRIPTION OF	-			_
120 North Warren S	treet				1			23 Cutler A	rônue -						- 1
City, State, Zip Code					-		1	y, State, Zip Co							
Trenton, NJ 08608							1	Maple Shade							
Project Manager for Mon	toring Sirm			Tala	hone	No	_	ephone No.	1145 40447	License No		_		_	
Roland Jones	(g +			2000	1	4200	1 33	SS-785-0098	i	D0842	le .				- 1
Start Date (10)		Cehna	tiled C		7	ta (11)		me of OSHA N		00842					
_03_ / _26_ /				28			1								
		100			+ -	10	_	MSL Analyt	icai, inc.						
Occupancy Status During  Fectility Globed/Vacate	Absternant (	Chec	K ONN	one)	١.			Bat Address							
Abetement Performed	Outside of N	no ro Iomai	Facilit	neaten u Haum	Dag	eriba		100 Route 15							
Time of Abatement:	AM-	(4)	V/5:00	PM-1:	MAO	61-61		y, State, Zip Co			- 17				
Scope of Work (Check at	diam analis				T_			innaminson	I, NJ 08077						
	mus abbit)							T Full Cont	ainment with No	native Presents					
⊠ ≥3 of or ≥3 if □ ≥150 of or ≥250 if				novetle				X Mini-Enc	logurs	3001011000000	•				1
☐ 5100 at 01,5500 it.				molitio	1				Procedure	e Balabla Bara	Lakere				1
		-	14	Locati	40			₩ 140U-€708	mpted (") and No	m-Friadio Proci	-				
Location	of.			Harmal		1		Dascription o	ê		L	Abi	_	mi T	ype
Asbestos-Containing	Material (ACI)	(N	Use	d Sole	Y OY	Asbe	BOIS	Containing Ma		Amount		2	Repair	1	2
TO BE ABA IN Facili				interiar locial 8		(1.0		mal systems		(Specify		Barowa Sign	S.	Encapsulak	Enclosure
(13)	9			(12)		]	5	surfacing, VAT, har miscallana	, pr , pr	SF or LF)	1	E.		Tutal I	9
70.00			Yes	No	N/A				/					8	
5th Floor South Confe				X		Floor T	ilo p	nd Mastic		140 SF		2			
5th Floor South Mech	enical Roos	m	8			Pipe ins	aula	tion		8 LF	6	Ż			
												7			
											1				
Name of Registered Was	te Hauter				DEP			ble Yards of	Name of Regis	stered Landin	- the		ALACTOR IN		-
Freehold Cartage					uler IC 15938		Wa	ste	Fairless L	andfill					
City, State					2000		_	posal Date	City, State						-
Preshold, NJ					1		,	3/28/2019	Morrisville	. PA					
Completed By (Print or Ty	(pe)	Tale		A STATE OF THE PARTY OF THE PAR				Signalete			Dato	-		-	_
Christina Lynch			500	eside	t of	Operation	15	100	J	>	34	20-	10		
100.41		1			1	1		Mode	-	-	100	ue	10		

Do not use this form for asbasios licensure exempted activities.

PAREA Et MAL

## PAID

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

APR - 1 2010

Date of Notification (1).	7 <b>9</b> - 19			Name	of Buildin	g Owner/Operator	CH COM	TRACTIN	6		ļ.	
Agencies Notified	Type Notification		-	Street	Address	100 100						
D ₽A	⊠ Initial					155 31	70					ᅱ
□ Dep	Amended			City, S	tate, Zip	Code	O NI. T	0823	0			
DOL.	Amendment #	ncluding	-		G-K	CELMFIE	DAL	Telephone Numb		12.1	_	러
<b>⊠</b> DOH	justification)			Name	of Contac	ot		relephone numb	-			
□ DCA	Cancellation		1.			UCE					_	=
				FAC	ILITY IN	ORMATION				_		_
Name of Facility Where	Abatament is Takin	a Place	(3)				Type of Facility	(4)				
Name of Facility vyhere	ESIDENCE	=					School (K-12	2) 8 (Other than K-12)	,			
	e stocio C			-			Subchapter  Subchapter	rivate & commercia	i buildin	ngs.		
Street Address			1	A. 1			homes, etc.	)				_
					-		Square Feet	# of Floors	1	g. Ag		
City (5)	LARG ATE	-	AI -	$\Gamma$			2000	7_	-	0	+	_
	MRGAIC		14	Cour	ty Code (	7) (STATE		ior if being demolis	hed)			
County (6)	ALTIC			USE	ONLY)			AWI				=
AILA	NTIC _	Owner	=	ASCM	No.	Name of Abatem	nent Contractor (9	)				
Name of Monitoring Fin	m Hired by Building	OWITE		23		KLE	EMCO I	NC				_
(8)	NIA					Street Address						
Street Address						369	S SPIRU	CE ALE				_
						City, State, Zip C						
City, State, Zip Code						MAPI	E SHAD	E M.J	080	52		_
			7-1-	phone	No	Telephone No.		License No.				
Project Manager for Mo	onitoring Firm		) ele	pnone	140.	856-77	9-0472	013	71		_	
			_=		1111	Name of OSHA						
Start Date (10)		duled C	omple	tion Da	(e (11)	Hancor oc.	NIA	·				_
11-5-19			15	-19		Street Address	1					
Occupancy Status Dur	ing Abatement (Che	ck only	one)			Sueet Address						_
of Family Classical Vac	ated During Entire Pe	enoa or	ADOLE	ment		City, State, Zip C	`ode					
Abatement Perform	ed Outside of Norma	l Facilit	y Hou	rs		City, State, 2p	<b>700</b> 0	**************************************				_
Other - Describe:												
Scope of Work (Check	all that apply)					☐ Full Co	ntainment with Ne	egative Pressure				
Scope of France	*	□ Re	novati	ion		☐ Mini-En	closure					
≥3 sf or ≥3 lf	3.5	Z De				Gloveb	ag Procedure	on-Friable Procedu	re			
≥160 sf or ≥260 lf		4				MINORE	Compiled ( ) and the		A	bater		
			ocationally							Typ	ж 	
- Table - 1925	•	Used	Solet	y by		Description	of	Amount			ш	-
Location Asbestos-Containing	n of Material (ACM)	Mair	ntenan	ice/	Asbe	stos Containing Ma , thermal systems	insulation.	(Specify	Re	Ŗ	Encapsulate	Line
TO BE AB	ATED	1	ustodia Staff?		(I.e	surfacing, VAT	, or	SF or LF)	Remova	Repair	psu	EUCIOSOLA
IN Facil	fity	1	(12)			other miscellane	eous)		val	=	late	0
(13)		-		N/A	1							_
		Yes	No	INIA		FO 1.151	TE	1750 SC	X			
S101.	A1 /-			X		TRANSI	15	11102	1	_		T
SIDI	40	-		1					+-	-	-	1
				-						_	-	+
		-		-	-							
				LIDEO	Alacta	I Cubic Yards	Name of Rec	gistered Landfill				
Name of Registered W	laste Hauler		1	UDEP tayler, I	) No	of Waste	C	1 C IM 11	A			
I .	3			79	34_		0.102-150	VI. C. W. O	-			
- KLTMC	7 1146					Disposal Date	City, State	DOBINE				
City, State	11405 14	LT						DOINGE				
	HADE I	e				Signature	0.071		-28	(0	(	
Completed By	CIONAL	- (	UP			Mali	UV V				-	_



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

APR 4 2019

Agencies Notified   Type Notification   Street Address	Date of Notification (1)	78-18			Na	me of Build	ing Owner/Operato		MTRACTI	MIC-	, to		
Amended   Amen	Agencies Notified	Type Notificati	on		Str	eet Addres	S			,	i. 4	- 32A-31	10.00
Second   Canada   C	DEP DEP	Minitial   Amended			Cit	v. State, Zip		1 30	***************************************				=
Street Address   Stre	DOL.			ing	_	G	RELNIFIE	LO ML	530 T	30			
PACEUTY INFORMATION   Pace					Nai				Telephone Nun	ber			
Nome of Facility Where Abatement is Taking Place (3)  RESTORN (F. 2)  Street Address  Street Address  Street Address  City (5)  CLEAN CITY  County (6)  CAPE MAY  County (7)  County (8)  CAPE MAY  COUNTY COUNTY CODE (7)  COUNTY (8)  CAPE MAY  COUNTY (8)  CAPE MAY  COUNTY (8)  CAPE MAY  COUNTY COUNTY CODE (7)  COUNTY (8)  CAPE MAY  COUNTY (8)  COUNTY (8)  CAPE MAY  COUNTY CODE (7)  COUNTY (8)  COUNTY (9)  COUNTY (8)  COUNTY (9)  COUNTY (8)  COUNT													
Street Address  City (5)  City (5)  City (5)  County (6)  City (7)  County (7)  County (8)  City (8)  County (9)  City (9)  City (9)  County (9)  City (9)  City (9)  City (9)  County (10)  City (10)	Name of Facility Where	Abatement is Tak	ing Pla	ce (3)		70.211		Type of Facili	y (4)				
Street Address   Square Feet   Fold Floors   Fold Floor		ESIDENC	E_							2)			
County (6)	Street Address				100 1000			Other (i.e.,	private & commerci		iding:	5,	
County (5)   Current Use (Prior if being demolished)   CAPE MAY	City (5)	1	-					Square Feet		В			
Street Address   Str		CAN C	177		T Co	unty Code (	7) (STATE		Prior if heing demoi	ehed)	50	) <del>+</del>	_
Name of Monitoring Firm Hired by Building Owner (8) NAME of Abatement Contractor (9)  LEMCO INC  Street Address 369 SPLUCE ALE  City, State, Zip Code  City, Sta	CAPE V	MAY			US	SE ONLY)	1) (517/12			isneu)			
Street Address    Street Address   Stree	Name of Monitoring Firm	Hired by Building	Owner		ASC	M No.			- 10 march				
Steet Address   Steet Addres	15	JA			_			MCO I	NC		_	=	=
Telephone No.   Telephone No	Street Address							S SPIRI	ICE ALE				
Telephone No.   Telephone No.   Telephone No.   Telephone No.   Sheduled Completion Date (11)   Name of OSHA Monitor   A   Street Address	City, State, Zip Code								E ALT	18	75	2	
Scheduled Completion Date (11)	Project Manager for Mon	toring Firm		Tele	phone	e No.	Telephone No.			Q O C	، در	_	=
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other - Describe:     Scope of Work (Check all that apply)	riged manager for more	-			•				013	71			_
Occupancy Status During Abatement (Check only one)    Street Address							Name of OSHA N	Monitor M/A					
Abatement Performed Outside of Normal Facility Hours   City. State, Zip Code     Other - Describe:   Scope of Work (Check all that apply)   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Normally   Used Solely by Maintenance/   Custodial   Staff?   (12)   Ves   No   N/A   STEC   SF or LF)   Security   SF or LF     Name of Registered Waste Hauler   Custodial   Custodial   Custodial   Staff?   Cubic Yards   Custodial	Occupancy Status During						Street Address						
Other - Describe:    Scope of Work (Check all that apply)	Facility Closed/Vacate	d During Entire P	eriod of al Facili	Abater	nent s		City, State, Zip Co	ode	=====				_
Salid   Sali	Other - Describe:												_
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ ≥160 sf or	Scope of Work (Check all	that apply)					☐ Full Con	tainment with Ne	egative Pressure				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauler  KLEMIO TAIC  NUDEP Waste Hauler In Moderate In Manual	≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf						☐ Mini-Enc ☐ Gloveba	dosure g Procedure		re			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauler    Cum ( )			1000		1								
TO BE ABATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauler    Custodial Staff? (12)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Custodial Staff? (12)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Yes No N/A	Location of		Used	Solely						-	1,71		
SIDING  X TRANSITE  1250 SF X  Name of Registered Waste Hauler  NIDEP Waste Hauler ID No. Of Waste  City, State  MAPLE SHADE M. J  Signature  Signature  Date			Ct	stodial			thermal systems in	sulation,	(Specify	Re	R	Enca	Enc
SIDING  X TRANSITE  1250 SF X  Name of Registered Waste Hauler  NIDEP Waste Hauler ID No. Of Waste  City, State  MAPLE SHADE M. J  Signature  Signature  Date	IN Facility	=	1						SF or LF)	MOVE	epair	psula	losur
Name of Registered Waste Hauler    Country State   Cubic Yards   Name of Registered Landfill	(13)		-	т_	N/A	1.				1 =		ale	9
Name of Registered Waste Hauler    Country State   Disposal Date   City State   Country State	SIDIAL	,		-	X	T	RANSITO	<u> </u>	12505=	X			
Name of Registered Waste Hauter D No.   Of Waste   C.M. C.M. C.M. C.M. C.M. C.M. C.M. C.	JIDINI	<u> </u>		$\neg \uparrow$	/-								
Name of Registered Waste Hauter ID No.   Of Waste   C.M. C.M. U. A    City, State   Disposal Date   City, State   WOODBINE    Completed By   Title   C.   C.   C.   C.   C.   C.   C.   C													
Name of Registered Waste Hauter ID No.   Of Waste   C.M. C.M. U. A    City, State   Disposal Date   City, State   WOODBINE    Completed By   Title   C.   C.   C.   C.   C.   C.   C.   C					000	Manta 1	Cubic Vaeda	Name of Deci	stered Landfill				
City, State  WAPLE SHAPE W. J  Signature  Signature  Disposal Date  City, State  WOODBINE  Date  789-19	**************************************									A			
WAPLE SHADE W. J  Completed By  Signature  Signature  Signature  Date  780-19		TVIC		-17	170	04	Disposal Date	City, States			7		
Completed By C Title Class Signature 1 Date 2 - 780-19	작은 전통하면 하면 생각이 있습니다.	40E M	J					_ WOO			-	_	_
Marian III	Completed By	Title	CI	JP.			Signature	On	1 Date	28	9-10	9	

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

PA	UU			to NJAC					100	ooli	18	27	18	•
Date of Notification (1) 3/29/19				f Building Builders		Operator	r (2)		10		F			
Agencies Notified Type Not	ification		Street A	2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3	1 - 4 - 4	that No.	10,	11 .	Ĭ.	- T
X EPA X Initia	al			rumbull										
	ended endment #			ate, Zip Co eth NJ		>			1 1	AP	R 4	20	19	ine:
Eme	ergency (including	_ }		f Contact	07201				Tel	ephone N	lumher			-
	fication) cellation		Paul A							2-964-2				
Name of Facility Where Abote and	i- T-lii- Di- /		FACI	ILITY INF	ORMAT	ION					1.00	+ p -	-34	
Name of Facility Where Abatement home	is Taking Place (	5)					-	of Facility (						
Street Address								School (K-1 Subchapter Other (i.e. p	8 (Oth			dinac	hom	00
City/E)								etc.)						es,
City (5) Elizabeth							Squa 190	re Feet 0	# 0	Floors		3ldg. <i>A</i> 74	ge	
County (6)				Code (7)	1		Curre	ent Use (Pri		ng demol				
Union  Name of Monitoring Firm Hired by B	uilding Owner (0)						hom			(0)				
Name of Monitoring Firm Filed by E	suliding Owner (8)		ASCN	/I No.				tement Cor ronmenta			_C			
Street Address						0.000	Addre							
City, State, Zip Code								83, 4 E G	ate D	rive				
City, State, Zip Code						1000		ip Code I, NJ 074	18					
Project Manager for Monitoring Firm	1	T	Telepho	ne No.			none N	<u> 78</u>		License	No.			
						973-	764-2	276		703				
Start Date (10) 4/8/19	4/15/1		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abateme		32				Street	Addres	SS .				3 - 12 -		
Facility Closed/Vacated During Abatement Performed Outside  Other – Describe: exterior	Entire Period of A of Normal Facility	Abatem Hours	nent			City, S	tate, Z	ip Code						
Scope of Work (Check All That App	ly)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Description .	Renova Demolit				×	Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	edure				e	
	100	Locati									-	10.777.574.50	emen pe	t
Location of Asbestos-Containing Material (A	CM) Use	Normal d Sole	ly by	Ashes		scription taining N		(ACM)	Λ	mount	-	,,		
TO BE ABATED In Facility (13)	'   Ma	intenar todial S (12)			thermal surfa	systems cing, VA niscellar	s insula T, or		(5	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ō	
exterior			X		exte	rior sid	ling		80	00 SF	х			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Renista	red I and	GII .			
Newark Carting		H	auler ID 4509		of Was			Grand (	20			ndfill		
City, State					200 C	sal Date		City, State						
Newark NJ	Water of Co.				TBD			Pen Arg	gyl PA					
Completed by A. Scott Higgins	Title Presi	dent			S	Signature	)	1/1			Date 3/29/1	9		

MOUK	-		NOTIF	ICATIO	tate of Nev N OF ASBE t to NJAC 8	ESTOS	ABATEME	ENT A	101	18	5	75	_	
Date of Notification (1) 2/18/19				Name o	of Building ( beth Hunt	Owner/(	Operator (2	2)	<u>urir</u> E	6	15		ann i	
Agencies Notified	Type Notification				Address	101			\$ perf	7		90 0		·**
X EPA				Otroct /	nuuless									11
EPA DEP	Initial Amended		+	City St	ate, Zip Co	da			\$1 to 1	ADD	- /	20	10.	
X DOL	Amendment	#			nurst, NJ				i was	731		(-9	0	1 Auror
[V] 2011	Emergency (					0707	1							-
DOH DCA	justification)				of Contact			į.	Teleph	one N	umber			
L DOA	Cancellation				Gaccion			1						
Name of Facility Where	Abotomentic Tell	D1	21	FAC	ILITY INFO	RMATI	ON				-			-
home	Abatement is Taking	Place (	3)			1	1 17	ype of Facility	(4)					
						1	1)/	School (K-	12)					
Street Address						1	W F	Subchapte	8 (Other ti	nan K-	12)			
						100	1 1	Other (i.e.	private & co	mmer	cial bui	ldinas	hom	291
City (5)				N.	A .			eto,)	S				, ,,,,,,,,	.00,
Lyndhurst	7		~	10		1	/	quare Feet	# of Flo	ors		Bldg. A	\ge	
County (6)			1			$\sim$	Carrier .	900	2:			73		
Bergen	(**)			County	use over	- TANK	C	urrent Use (Pr	ior if being	demolis	shed)			
		1 1	0.465	/\	115	18 <u>18 1</u>		nome						
Name of Monitoring Firm	Hired by Building C	wner (8	1	ABC	VINO.	34	Name of	Abatement Co	ntractor (9)	-				
			4	1	104	1		nvironment		e 11				
Street Address	15		. 13			10	Street Ad			J, LL				
	1		/\		essin		4.6 0.042	te Drive, Po	) Boy 101					
City, State, Zip Code	1		1	N.	- 1880 19	AGE SCHOOL		e, Zip Code	J DOX 400					
				3		4			440					
Project Manager for Moni	toring Firm	7 1 2 2 2 2 2 2 2		Talasta		1 00		ood, NJ 074	418					
	tornig i iiii			Telepho	ne No.	2000	Telephon		Lic	ense l	Vo.			
Start Date (10)							973-76		70	)3				
4/17/19				npletion	Date (11)		Name of	OSHA Monitor					-	
		4/24/1												
Occupancy Status During	Abatement (Check	Only O	ne)				Street Ad	dress					Toma-	
Facility Closed/Vaca	ted During Entire Pe	eriod of	Ahatem	ent		- 1								
Abatement Performe	d Outside of Norma	I Facility	/ Hours	ient		H	City State	e, Zip Code						
Other - Describe: b	asement					_	Oity, Otate	s, Zip Code						
Scope of Work (Check All	That Apply)										- 3			
≥3 sf or ≥3 lf	1.10.27	[D] -		ORIGINAL S			Property of							
≥3 \$1 60 ≥3 11 × ≥160 sf or ≥260 lf		Consessed	Renova: Demoliti				×	Full Containm	ent with Ne	gative I	Pressu	re		
		ا لسا	Jemonu	OH				Mini-Enclosur	e					
								Glovebag Pro Non-Exempte	ceaure d (*) and No	n_Eriok	olo Dro	nadur		
		ls	Location	on		3 - C - 11 - C - 1			a ( ) and No	II-I IIak	JIE PIO	Abate		
Location	of	2000	Vormall	7000000								Ty		
Asbestos-Containing N		Use	d Solel	y by	Ashasta	Des	cription of					- ,	-	
TO BE ABA			intenar		(i.e. th	nermal o	uning Mate systems in:	erial (ACM)	Amou		_		Щ	m
In Facility	у	Cus	todial S	taff?	(1.0. 11	surfaci	ing, VAT, o	or	(Spec SF or I		Removal	Re	Encapsulate	Enclosure
(13)			(12)			other mi	iscellaneou	us)	01 01 1	-1 )	Non	Repair	psu	losi
		Yes	No	N/A				8			<u>a</u>	=	llate	ıre
h	-1			13003									(D	
basement boil				X			or tile		30 S		х			
				Х		pipe i	nsulation	ו	10 LI	=	x			
basement stora	ige room			X		pipe i	nsulation	1	50 LI	-	x			
	40										100			
Name of Registered Waste	e Hauler		N.	JDEP W	aste	Cubic Y	ards	Name of	Registered I	andfill	1			
ABS Environmental S	Services			auler ID I	No.	of Wast		1 1000		_anulll				
			10	)424		TBD		Grows/	Fairless					
City, State						Disposa	al Date	City, State	е	-		_		
Glenwood, NJ					-	TBD			own, PA					
Completed by		Title				Sic	nature	1	- in the	15	+0			
A. Scott Higgins		Presi	dent			- 0.5	,	1	_	Da		,		
								1		21	18/19	đ		

## State of New Jersey

VICTAD PAID	NOTII	FICATI Pursua	ON OF	ASBESTOS A JAC 8:60 and	BATEM 12:120)	IENT	0	a a feet	207	36	)	
ate of Notification (1)		Nam	e of Bui	Iding Owner/O				E	15 1	1//		
3/29/19		Ma	rta Cin	ardo			N. A.	1.2				111
gencies Notified Type Notification		Stree	et Addre	ess				A DE	- 1	201	a	1
geriolog rivelines								APE	4	LU	3	- ing
EPA   X Initial   Amended		City,	State,	Zip Code				Ī				
Amendment #		Lyr	ndhurs	t, NJ 0707	1			Telephone Numb	er		1	1
Emergency (more	iding	Nan	ne of Co	ntact				relephone Numb	61		- W	
DOH justification) Cancellation			arta Cir									-
DCA 🗀		F	ACILIT	Y INFORMATI	ON	Type of E	acility (4)					7
ame of Facility Where Abatement is Taking Pl	ace (3)					1000						
nome							ool (K-12) chapter 8 (	Other than K-12)		20000		
Street Address						X Oth	er (i.e. priva	ate & commercial	building	s, hor	nes,	
						etc.		# of Floors	Bldg	. Age		7
City (5)						Square F	eet	2	73			
Lyndhurst							Ico (Prior i	f being demolishe	ed)			
County (6)		Co	unty Co	de (7) E ONLY)		home	JSE (1 1101 1	, boiling account	9443 W. V			1
Hudson		(51	ATE US	E ONLI)			nent Contra	actor (9)				
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM N	No.	Name	e of Abaten	mental S	Services, LLC				
realite of mountaining							mientare	50111000, ===				$\neg$
Street Address					Stree	et Address	, 4 E Gat	te Drive				
Ollost, Isaacoo							A Commence of the Commence of					
City, State, Zip Code					City,	State, Zip	NJ 0741	8				- 1
Sig, Com, -,					1	phone No.	40 07 1.	License No	0.			
Project Manager for Monitoring Firm		Te	elephone	e No.		3-764-22	76	703				
						ne of OSHA						
Statt Date (10)	cheduled	Comp	letion D	ate (11)	Nan	le of OSI iz	William					
4/25/19	5/3/19				Ctro	et Address						
Occupancy Status During Abatement (Check	Only One	:)			Sue	et Address						
= 11th Olassed Alassted During Entire Pe	riod of Al	bateme	ent		City	, State, Zip	Code					
Abatement Performed Outside of Norma  Other – Describe: basement	I Facility	Hours			J.	, σιαι-, –,						
Scope of Work (Check All That Apply)						[ <del>]</del>		nt with Negative	Drassiii	9		
≥3 sf or ≥3 lf		enovati					-Enclosure		1 10000			
× ≥160 sf or ≥260 lf		emolitic	on			Clas	chan Proc	edure	bla Droc	edure		
_						L Non	-Exempted	(*) and Non-Fria	DIE FIOC	Abate	ment	
	Is	Location	on							Ту		
	1	Normall	У		Descrip	tion of		Amount			m	
Location of Asbestos-Containing Material (ACM)		d Solel intenar		Asbestos (	Containir	ng Material tems insula	(ACIVI)	(Specify	Re	D	Encapsulate	Enclosure
TO BE ABATED		todial S		S	urfacing	, VAT, or		SF or LF)	Removal	Repair	psu	OSU
In Facility (13)		(12)		oth	ner misc	ellaneous)			l a	-	late	ē
(10)	Yes	No	N/A									
	100	1.0			floor	r tile		900 SF	X			
Basement			X	-		sulation		10 LF	×			
Basement Boiler Room			X		-	sulation		50 LF	×			
Basement Storage Room			X	-	oipe iris	Sulation						
					ubia Va	rde	Name of	Registered Land	ifill			
Name of Registered Waste Hauler		1	NJDEP I Hauler li	VVGOLO	ubic Ya			Brothers Sani		andfil	1	
ABS Environmental Services, LLC			10428	D 110.	BD				,		V6	_
				104 20	Disposal	Date	City, Sta	ate				
City, State				٦	TBD		Easto	n PA	D :			
Glenwood NJ	Title				Sign	nature	11		Date 3/29/	10		
Completed by	0 20230000	siden	t				11		31291	10		
A. Scott Higgins							- X					

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

PAID				N OF ASBI t to NJAC				CO	000		18	50	219	7		
Date of Notification (1) 3/29/19			Name of Building Owner/Operator (2) 635 Park Avenue Acq. Company							ECELV						
Agencies Notified Type Notificati	ion		Street A	Address ox 1196	i the Color of the Color											
DEP Amended Amended Amendem	ent #		City, State, Zip Code Hoboken NJ 07030							APR 4 2019						
DOH justification Cancellati		9	Name of Contact Piyush Amin					* Telephone Number 201-832-7913							5	
			FAC	ILITY INFO	RMATI	ON							196, 40	2		
Name of Facility Where Abatement is Ta home	king Place (	(3)			110-1-5-111		Туре	of Facility (	4)							
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ouilo	lings,	home	es,	
City (5) Hoboken										idg. A	ge					
County (6) Hudson			Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demo	olished	1)						
Name of Monitoring Firm Hired by Buildin	)						e of Abatement Contractor (9) S Environmental Services, LLC									
Street Address			Street Address					ss	*							
City, State, Zip Code		City, St					Box 483, 4 E Gate Drive State, Zip Code nwood, NJ 07418									
Project Manager for Monitoring Firm	T	Telephone No. Telep				ephone No. License No. 73-764-2276 703										
Start Date (10) 4/10/19	led Cor	npletion	Date (11)	e of OSHA Monitor												
Occupancy Status During Abatement (Ch	Street Address															
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: basement	Abatem	rs City, State, Zip Code														
Scope of Work (Check All That Apply)				- 143 - 143 - 143												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renova Demolit	lition Mini-Enclosu Glovebag Pn					ni-Enclosure ovebag Prod									
	Locati				Description of ontaining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)						Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normal ed Sole aintenar todial S (12)	ly by nce/		os Conta thermal : surfac				Amount (Specify SF or LF)			Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A											te	(D)	
Basement		Х		pipe insulation				3	0 LF	Х						
											+					
		V 5 520														
Name of Registered Waste Hauler Newark Carting	Н	NJDEP Waste Cub Hauler ID No. of W 04509 TBI			aste			of Registered Landfill  Central Sanitary Landfill								
City, State Newark NJ			.000	Disposal Date TBD												
Completed by A. Scott Higgins  Title President						Signature Date 3/29/19										

### STATE OF NEW JERSEY

CK 2019	4	PA	YOU THIS TO SELECT		C. 8:60 AND 12		• •		C		M	177				
Date of Notification (1)	Name of Building Owner/Operator (2)															
	3/28	/19			Glan Pidgo Poord of Education											
Agencies Notified	Agencies Notified Notification Type					Street Address										
X EPA		Initial			12 High St											
DEP .							City, State, Zip Code									
▼ DOL	DOL Emergency (including					Glen Ridge, NJ 07028										
X DOH		justifica		5												
X DCA	ation		Barbara Murphy 973 429 8304													
Name of Facility Where Abate	NFORMATION L Type of Escility (4)															
Ridgewood Ave Elemen			21_		Type of Facility (4)											
Street Address	italy oc	1001			_ X School (K-12)											
235 Ridgewood ave					Subchap	ter 8 (Other	than K-12)									
	ounty (6)		County	Code (7)			commercial	buildings								
Paragraph Control of the Control of	sex		(State U		homes,	etc.)										
Name of Monitoring Firm Hired		Owner (8)	ASCMIN	lo.	Name of Contractor (9)											
T&M Associates			00145		MTM Metro	7-2-1	ion									
Street Address					Street Address											
11 Tindall Road	135-137 McBride Ave															
City, State, Zip Code					City State, ZipCode											
Middletown, NJ 07748					Paterson, NJ 07501											
Project Manager for Monitoring	g Firm	Telephone 1	Number		Telephone Number License Number											
Kevin Burns		732 671 6	400		973-742-5030 00809											
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSHA Monitor											
4/12/2019		4/21/2019			MTM Metro Corporation											
Occupancy Status During Abat	tement (C	heck only one	<u>=)</u>		Street Address											
					135-137 McBride Avenue											
Facility Closed/Vacated D	During Ent	ire Period of	Abatement		City, State, Zip Code											
Abatement Performed Ou	utside of N	lormal Facility	/ Hours		Paterson, NJ 07501											
Other-Describe:					1 aterson, 140 07 50 1											
Source of Work (Check all that	apply)				1											
> 3 sf or > 3 lf	×	Renovation		X Full	ull Containment with Negative Pressure Mini-Enclosure											
> 160 sf or > 260 lf		Demolition		Nor	Ion-Exempted(*) & Non-Friable Procedure											
Location of Asbestos-		tion Normally		Description of		Amount (	Specify SF or	·LF)	Abate	ment Ty	ре					
Containing Material (ACM) in Solely by Maint./Custodial thermal system Facility (13) Staff? (12) thermal system surfacing, VAT																
	YES `	NO	N/A	miscell.)					Rem.	Rep.	Encap	Enclose				
First floor hallways		X		Suspended ceiling to	ile				X	×						
Basement throughout		×		pipe Insulation		849 If				X	×	+				
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of		Name of Reg. Landfill									
MTM Metro Corporation		26552			30			Tullytow	n,PA							
City, State							Disp. Date		1 -	City, Sta						
Paterson, NJ 07501					4/21/2019 Tullytown, PA											
Completed by (Print or Type)	Signature			Date												

ASB-41

Mike Damevski

Proj. Manager

Mike Damevski

3/28/19

<sup>\*</sup> Do not use this form for asbestos licensure exmpted activities.

Drint	Form
THE STATE OF	COULT

CX3340	PAI	D	NOTIF (F	ICATIO Pursuan	N OF ASB	8:60 a	S ABATE ind 12:12	MENT (0)			EG	E	M				
Date of Notification (1) 3/28/2019		Name of Building Owner/Operator (2) Hoboken Catholic Academy							metry (2.1%)								
Agencies Notified  EPA	Type Notification			Street /	Address 7th Street		APF	1 4	201	9	Bench						
DEP DOL	Amended Amendment	#	[	City, State, Zip Code Hoboken, NJ 07030							c <del>el</del> a	4			-		
DOH DCA	Emergency justification) Cancellation		7	Name of Contact Matt McGrath							Telephone Number 201-963-9535						
Name of E 22 and an				FAC	ILITY INFO	ORMA	TION										
Name of Facility Where At Hoboken Catholic Ad		g Place (	3)					X	of Facility School (K-	12)							
Street Address 555 7th Street									Subchapte Other (i.e. etc.)	r 8 (Oth private a	er than K	-12) rcial bui	ldings	, hom	ies,		
City (5) Hoboken								Squa	re Feet	# 0	Floors		Bldg. Age				
County (6) HUDSON								Current Use (Prior if being demolished) School									
Name of Monitoring Firm F N/A	)	ASCM No. Name of Abate					atement Contractor (9) ces Corporation										
Street Address							Street	Addre	SS	TAUOH							
City, State, Zip Code				426 69th Street City, State, Zip Code						2000							
Project Manager for Monito	Guttenberg, N Telephone No. Telephone No.					0.	License No.										
Start Date (10) Scheduled Completion Date (11) 03/30/19 04/1/19							201-295-1700 01074 Name of OSHA Monitor										
03/30/19 Occupancy Status During /	Same as above Street Address																
Facility Closed/Vacate Abatement Performed Other – Describe: Sta	Ahatem	ment															
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tion Mini-Enclosu Glovebag Pr																
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Is Locat Norma Used Sole Maintena Custodial (12)													Abatement Type				
							Material (ACM) ms insulation, 'AT, or		(S	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
Boiler Roo	m	Yes	No	N/A										e			
Boller Roo			X		Ceil	ing Plas	ster		5	SF	Х						
Name of Registered Waste		DEP Waste   Cubic Yards			Name of Registered Landfill												
Tri-State Transfer Ass	oc		tb	auler ID No. of Waste				Minerva Enterprises Inc									
City, State Bronx, NY						Disposal Date City, State tbd Waynes					burg, OH						
Completed by Title Gina Betances Office Manager							Signature	a	Date 3/28/2019								

State of New Jersey

Project #			NOT	IFICATI (Pursua	ON OF A	New Jers SBESTO: AC 8:60 a	SARATE	EMEN	ІТ	[	heck#	4590			
Date of Notification (1)											E	0	C 1	l D	7
03/27/2019						ing Owner		r (2)				<u>1</u> 7		V	1 :
Agencies Notified	Type Notification	n		Dove	r School	ol Distr	ict						15.		
П го	Beerg .			1.0000000000000000000000000000000000000	Grace :					423			334	04020	20
EPA DEP	Initial Amended				State, Zip					77.0	A	PR	- 4	20	19
DOL	Amendme			and the same	er, NJ	Code									
■ DOH	Emergenc justification		ıg		of Conta	art .					- chance				
DCA	Cancellation				rt Gom						elephone N				
						NFORMAT	TION			97	3 989 2	206	hard to when	2.9	
Name of Facility Where	Abatement is Tak	ing Place	(3)		OILIT I	WI OKWIA	·	Typ	e of Facili	v (4)					
School									School (I						
Street Address	1							1	Subchap	ter 8 (Oti	ner than K-	12)			
100 Grace St									Other (i.e	e. private	& commer	cial bu	iildings	, hon	nes,
City (5) Montville NJ								Sau	etc.) are Feet	1#	of Floors		Dida	^ <del></del>	
										1 "	71 1 10015		Bldg.	Age	
County (6)					Code (7			Cur	rent Use (	Prior if be	ing demoli	(beds			
Morris				(STATE	USE ON	LY)					ang demon	sileu)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name	of Ab	atement C	ontracto	(9)		,		
Aero Environmenta									oration		(0)				
Street Address							Street								
275 Rt 10 East							72 Br	ooks	side Rd						
City, State, Zip Code		- 6							Zip Code			-			000
Succassuna, NJ 07	876				- 19		Rando	olph	, NJ 078	369					
Project Manager for Moni Michael Berta	toring Firm			and the same	one No.		Teleph				License I	Vo.	-	_	
Start Date (10)				973-9	20-906	1	97393	33-2	550		01358				
03/26/2019					Date (1	1)	Name	of OS	HA Monito	ρr					
Occupancy Status During	Abotement (Ol	03/26/	2018				IRIS								
THE REAL PROPERTY.							Street /								
Facility Closed/Vacat Abatement Performe	ed During Entire	Period of	Abater	nent		3			2 West						
Other - Describe: _	- Odiolde of Nort	nai raciii	y Houn	S			100000		Zip Code						
Scope of Work (Check All	That Apply)						Union	, N.	07083						
≥3 sf or ≥3 if	ттас Арріу)	HERE!					process.								
≥160 sf or ≥260 lf		Tanana Contract Contr	Renova Demolii				H	Fu	Il Containr	nent with	Negative I	ressu	ire		
		، لساء	Jemon	1011				IVII	ni-Enclosu ovebag Pr	re					
								No	n-Exempte	ed (*) and	Non-Friat	ole Pro	cedur	9	
			Locati									T	Abate		
Location of Asbestos-Containing N	of Seterial (ACAS)		Normal ed Sole			Des	scription of	of		ĺ			Ту	pe	
TO BE ABAT	ED (ACM)	Ma	intena	nce/	Asbe	stos Conta	aining Ma	ateria	(ACM)	100000	nount			ш	
In Facility (13)		Cus	todial S (12)	Staff?	(1.6	e. thermal surfac	systems ing, VAT	insula . or	ation,	(S	pecify or LF)	Rer	R	nca	Enc
(13)		<u> </u>	(12)		1	other m	niscellane	eous)		0.	OI LI )	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	6
Stage			X		Ceme	entius m	aterial			4SF		-		$\dashv$	-
						Prince III	atoriai			455		×		_	
		+		-											
		-													
Name of David														$\dashv$	$\neg$
Name of Registered Waste				JDEP W		Cubic Y			Name of	Register	ed Landfill				-
lick Restoration LLC				auler ID 033782		of Wast	te		G.R.O.						
City, State			100	,0010		Disposa	al Date								
Randolph, N	J					TBD	ai Date		City, Stat	40					
Completed by		Title	-				gnature		Tullytov	wn, Pa					
likica Mrda		Presid	lent				1			11.	Dat				1
							NU	u	9	Vir	03/	27/2	019		

loution littles direct & garney (incoming in the latter) Taking in the latter in the l	chuld ng	- D & R	Name of Dover S	Ce st . 29 Code IJ	er/Open	TEMERIOT 1200		ock p		7	A - 20
ides idment (g gampy (int sation) idesign	chuld ng	- D & R	Name of Dover S	Chool Dis dress Ce st . 29 Code IJ	er/Open	1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2					Z
ides idment (g gampy (int sation) idesign	chuld ng	- D & R	Name of Dover S	Chool Dis dress Ce st . 29 Code IJ	er/Open					1	<u> </u>
ides idment (g gampy (int sation) idesign	-	12000	00 Gra 00 Gra As. Sur- Cover, A Cover, A Cover, A Cover, A	CORON DIS draw CE St . Zip Code IJ	trict		- L	this.		11 -	/
ides idment (g gampy (int sation) idesign	-	- DE B	OO Gra Sy, Sum Over, A lame of C obest G	Ce st Lip Code				1)			
setion) reason	-	- D	over, A leme of C obert G	entered .		20000000					
Maion)	-	R	obert G	entagi							
Telding I	lace (3)	114	apail C				Take	hone ki			
a sidng to	lace (3)		PACK P	omes 70 con			973	969 20	umae Lon	7 .	
				O to Congre	TRON	Type of P		40 44	00	-	-
						E	5.00 mm 5.00 m	- Coleidan			
						Suba Other	ci (K-12) Tepter 8 (Cener : (I.e. private & c	FIGHT K-1	2) 5 5 5 1		Dorse
						Bousto Fe	NO F	26/6			
		Co	unty Cad	0(7)		(Carrenovi I I				oneg, r	So
STO CHIP	or /Wh								led)		
		1,	-e-M Me		Hame	of Absorber	Contractor (8)		-		
			-		MICK	Catoretin	n LLC				
		7			and state to	2000					
					CIS. S	MIN SO COM	ď				29
	_	Train			Rande	loh. N.J o	7845				O CONTRACTOR OF THE PARTY OF TH
		973	Phone No.		1.Anabutio	WOU NO.		was al-	_		-
Scho	duled (	Carrellol	on Deta	CONTRACTOR -	97393	3-2550	lare		•		
03/2	6/201	9			IRI8	A MARIN MICHIE					
re Period Irmal Fec	of Albert Sity Ha	inent ura		1	2383 R	22 Wast					_
				_	John .	N.J OZDO				_	
	Renor	retion Nion				Full Contain	mani win au	Over Pres	Office states		_
_					Bodi	(CALINDON FI					
1	in Logs	tten	T			راه _ درات،	( ) and Non-	Frieble	1004	gwa	
U	hedi ibai	Other Inc.		Desc	<b>-</b>				A	A COLUMN	erê
Cu	TO COM		T ALS	ental Cantal S. Parmal a	Many Moran	FIRE (ACOM)	Amount		T		_
	(12)		Diam's				(Georgy SP or LA)	la	1 3		9
Ass	No	MA	7	1000		=)		Model	1	1	Entitions.
	×		Cem	antius ma	la elect				1	F	18
					ANT HE		48F	×	:/	1	H
									T	T	M
									1	1	
	N.	DEP W	enio -	Cubic Van	6	This			T	1	H
	00	3370	No.	of Waste	-3			mil	_	_	-
					nán -						
1				TBD	410	City, Bear		_	-		-
	ba.ma	0144014	-	9 grad	UT:	1 milkeon	-				
	Service OS/2 Pacific Only Paried Grammal Fac	IS J26/201 Peck Only One) The Period of Abert Temel Feckly Ma The Period of Abert Temel Feckly Ma The Period of Abert The Period of The Period of Abert The Period of Th	Sing Cerner (8)  Total  \$73  \$40-24-2018  Peck Only One)  Period of Abets ment armel Fecility Moura  Removetion  Demoilition  to Location Nonearly by alignment for the property of the period of Abets ment for the period of the	Telephone No.  Scheduled Completion Date  Scheduled Completion Date  OS/26/2018  Peck Only One)  Removation  Demoktion  is Location Monary Used Sciency by Addinistration Cumbodial Staff?  (12)  Yes No Miss  Referred  Referred  Astronomic  Astronomic  Outcode Staff?  (12)  Yes No Miss  Referred  No. Certain  Referred  No. Certain   Telephone No.  \$73-\$20-\$061  \$Checkled Correlation Date (11)  0\$/26/2018  Peck Only One)  The Period of Absterment arms Feckly Hours  Normally  Used Salely by Skirintenancy  Currodial Staff?  (12)  Yab No Mish  X Cernentius method of Waste Name  No. 0033782  Cisting Yar  Custom Control  Custo Yar  One Custo Yar  One Control  Custo Yar  One Control  Custo Yar  One Custo Yar  O	ASCM No. Nick F Street  Telephone No. Teleph	County Godo (7)  STATE LESS CHULTY  District Address T2 Brookside R City, Base, 2c Coe Randolph, NJ 0  ST3-820-8061  SCheduled Correlation Date (11)  DS/28/2018  Rect Only One)  Period of Abstrament Training Fecility Hours  Removeration Dempilian  Pull Contain Mornally Used Balaty by Astronomous Johnson Cuntodian Stat?  Class Dempilian  Pull Contain Mornally Used Balaty by Astronomous Johnson Removeration Cuntodian Stat?  Class Period of Abstrament Training Fecility Mours  Pull Contain Mornally Used Balaty by Astronomous Johnson Removeration Cuntodian Stat?  Class Period of Abstrament Temple Containing Mornally Used Balaty by Astronomous Johnson Removeration Cuntodian Stat?  Class Period Containing Mornally Containing Mornally Used Balaty by Astronomous Johnson Removeration Cuntodian Stat?  Class Period of Visite Removeration Cuntodian Stat?  Class Period of Visite Removeration Cuntodian Stat?  Class Period of Visite Removeration Cuntodian Stat?  Cuntodian Stat.  Cuntodian Stat	County Gode (?)   STATE User CNC_Y)   Gurrent User (Piper it being it and the property of the	County Code (7) (27 AVE User CHEATY)  General User (Plan it peets destroised (8)  ASCAING.  Name of Absternent Commotor (8)  Nick Restoration LLC  Street Address  72 Brookside Rd  City, Base, 25 Code  Randolph, NJ 07888  Telephone No.  973-920-9061  973-933-2550  01358  Telephone No.  1973-933-2550  101358  Telephone No.  1973-933-2550  Telephone No.  1973-933-2550  Telephone No.  1973-933-2550  Telephone No.  1973-933-2550  Telephone No.  1973-933-25	Country Code (1)  of 74 We use over, 1)  Discontract (8)  ASCM No.  ASCM No.  Name of Abeliane of Contractor (19)  Nick Restoration LLC  Street Address 72 Brookside Rd  City, Sale, 2p Code  Randolph, NJ 07889  Testphone No.  \$73-920-9061  \$	County Code (7)  Strain Fee!  County Code (7)  STATE Last County (2004)  Region of County Code (8)  Region (2004)  Region (	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1 K [53] PAI	NC		ATION (	OF ASBES	STOS A						C		0	₩.	Mary I
Date of Notification (1) 03/27/2019				Building Ov House -			(2)				ADD		4 0	010	A COLUMN TO SERVICE SE
Agencies Notified  Type Notification  I litial			treet Ad						4		AFR		+ 6	019	1
DEP Amended Amendment #_ Emergency (incl	uding	_   s	ummit	e, Zip Code , NJ Contact	е				Tele	nhone N	lumhe	r			
DOH justification) Cancellation		3.3	ill Stef		OMATIC	N.			<b>I</b>	DE = 2			_		
Name of Facility Where Abatement is Taking P Private Residence	lace (3)		I AGIL	11 1 1111 01	GIII		☐ Sc	Facility (4 hool (K-1)	2)						
Street Address							Ot etc		rivate &	commer	rcial b		gs, h		3,
City (5) Summit							Square 4600		3	Floors		50			
County (6) Union				SE ONLY)			House				isnec	)			
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM	No.		Nari	Constr	ment Con uction, I		(9)				· ·	
Street Address						63 L		Stocking	g Path						
City, State, Zip Code						Linco		k, NJ 07	035			Y	-		
Project Manager for Monitoring Firm		T	elephor	ne No.		862-	none No. 264-94	63		01306					
04/08/2019 0	4/08/2	019	pletion [	Date (11)		Nari	Constr	Monitor uction, l	LLC						
Occupancy Status During Abatement (Check C  Facility Closed/Vacated During Entire Per			ent			63 L		Stockin	g Path	1			*		
Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			_	520	State, Zip oln Par	Code k, NJ 0	7035		-7/				
Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)		enovat emoliti					Mini	Containm -Enclosur rebag Pro -Exempte	e cedure	10.78		Proc	edure		
		Locatio			Do	scriptio	n of					,	Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Solel intenan odial S (12)	ice/		os Con thermal surfa	taining l I system icing, V	Material ns insula		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	163	140	X			TSI			6	30 LF		Х		Х	
Name of Registered Waste Hauler		l N	JDEP V	Vaste	Cubic	Yards		Name of	Regist	ered Lan	ndfill				
Nari Construction, LLC		Н	auler ID 03753	No.	of Wa	aste ′		G.R.O	.W.S						
City, State Lincoln Park, NJ					TBD			City, Sta Morris		A					
Completed by Igor Jezdimirovic	P. M	anage	er			Signatu	re	7			03/		2019	1	

Or	<0170	PAI	D		CATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		r }		EGI	3	W		71.
	of Notification (1) 2019 CHECK	#0170			Name o	of Building	Owner/0	Operato	r (2)			APR	- 1	2010	1	-
Agenc	ies Notified	Type Notification			Street A	Address						ALL	7	4013	1	Better
× E	PA	☐ Initial									Tita	mi	- 111		- 4	2
and the same of	DEP OL	Amended Amendment	¥			ate, Zip Co EY CITY		7304			18					
		Emergency (i			Transmission suggest	of Contact	140,0	7 304	-		Tol	ephone Nur	nhor	7.10.4		
	OH OCA	justification) Cancellation				E BAPT	ISTE				1 101	ephone ivui	inci			
					FAC	ILITY INF	ORMAT	ION				_				
Name	of Facility Where	Abatement is Taking	Place (	3)					Туре	e of Facility	(4)					
Stroot	Address									School (K-		a - than 1/ d1	<b>.</b> \			
Street	Address								×			er than K-12 & commercia		dings,	home	es,
City (5	)									etc.) are Feet	1#0	f Floors	P	ldg. A	ne	
	SEY CITY NJ,	07304							Oqui	uic i cct	# 0	1110013		iug. r	ige	
County						Code (7)	)		Curr	ent Use (Pri	or if bei	ng demolish	ned)	O V		
		Hired by Building C	lumor /8		ASC			Name	of Ah	atement Co	ntractor	(0)				
		Trinea by ballaning o	wher to	,	7001	vi 140.						RACTING	3			
Street	Address							Street 24 C		ess CH ST			e e			
City, S	tate, Zip Code							5-5-39-59-59-59-59-59-59-59-59-59-59-59-59-59		Zip Code DD NJ 074	107					
Project	t Manager for Mon	nitoring Firm		- 1	Telepho	ne No.		Teleph			107	License N	0.			
								201	873 9	9418		01301				
	ate (10) 3/2019		Schedul 03/29/		npletion	Date (11)		0.00000000000000		HA Monitor UTIONS (		RACTING	3			
Occup	ancy Status Durin	g Abatement (Check	Only O	ne)				Street								
☐ F	acility Closed/Vac	ated During Entire P	eriod of	Abatem	ent			0.0000-0.0000		CH ST						
×	ther – Describe:	ed Outside of Norma 3:30 PM TO 8:30 PM	al Facility	y Hours	-		_	200000		Zip Code DD NJ 074	407					
Scope	of Work (Check A	II That Apply)														
	3 sf or ≥3 lf			Renova								Negative P	ressu	re		
X 2	160 sf or ≥260 If		ш	Demolit	ion			×	GI	ini-Enclosur ovebag Pro						
			Т			Г			_ No	on-Exempte	d (*) and	Non-Friab	le Pro			
			1000	Locati Normal											ement pe	į.
Ast	Location pestos-Containing		Use	ed Sole	ly by	Ashes		scription		I (ACM)	Aı	mount				
	TO BE AB	ATED	0.000	intenar todial S			thermal	systems	s insul		(S	pecify	Re	Z.	Encapsulate	Enc
	In Facil (13)			(12)				cing, VA niscellar			SF	or LF)	Remova	Repair	psu	Enclosure
			Yes	No	N/A								a		ate	Ге
	BASEMI	ENT			X		PIPE II	NSULA	ATIOI	N	8	3 LF	X			
Name	of Registered Was	ste Hauler		95999	JDEP W		Cubic			Name of	Registe	red Landfill				
ATLAI	NTIC CARTIN	G		H	auler ID	No.	of Was	ste		GRANI	CEN	TRAL				
City, St PEN A	tate ARGYL PA 180	072					Dispos TDB	sal Date	)	City, Stat		PA,18072	2			
Comple			Title				S	ignature		1	1	Dat	te			
LUIS	ARCILA		PRE	SIDE	NT			fr	v	- 6	1	03	/28/2	2019		

### CK7313 PAID



	1777	-	Service .		WEIGHT.
	11	100	12-4	51	17 /
100	1	11		11	115
19	1	\$1.17	+1	F 4	11

Date of Notification (1) 3/29/19					f Building Gialane				nce	F				70		- American
Agencies Notified	Type Notification			Street A	ddress					+ 6-1	— AP	11 -		201	9-	Ben.yt
EPA DEB	☑ Initial									-	li and					\$
DEP DOL	Amended Amendment	#			ate, Zip Co or City N		06						1 (1)			
	Emergency	(including			f Contact	10 004				Tal	ephone I	Mumbe	ar			
DOH DCA	justification) Cancellation			Vince	Contact				*	1 101	obilone i	Jumo	-			
Change	L <del></del>			FACI	LITY INFO	DRMATI	ON									
Name of Facility Where . Vince Gialanella P			)					Туре	of Facility (4	1)						
Street Address	Tivale Resident								School (K-12 Subchapter		or than k	(_12)				
Olicet Address								図(	Other (i.e. p	rivate	& comme	ercial b	uild	ings,	home	es,
City (5)	P								etc.) re Feet	# 0	f Floors		BI	dg. A	ge	
Ventnor City NJ 08	406							1000		1				5+		
County (6) Atlantic				County (	Code (7) USE ONLY)			Curre	nt Use (Prio	r if be	ng demo	lished	)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	A No.		Name	of Abat	tement Con	tractor	(9)					
Coastal Environme								aco I			` '					
Street Address							Street		35	120			Ce in			
PO Box 167								30x 3								
City, State, Zip Code Hammonton NJ 08	027								p Code	01						
Project Manager for Mor				Telephoi	no No		Teleph		in NJ 080	91	License	a Na				
Cathy Ledden	morng rim			609-68	85-9984		856-	753-9	008		0072					
Start Date (10) 4/11/19		4/18/19		npletion l	Date (11)		Name o		A Monitor							
Occupancy Status Durin	a Abstement (Che		7				Street		20				_	-		
Facility Closed/Vac		.T.		nont			Olleger	Addies								
Abatement Perform	ned Outside of Norr						City, St	tate, Zi	p Code			-				
Other – Describe:															S 80525	
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	dat	Constitution 2	Renova Demoli				and the same		l Containme		n Negativ	e Pre	ssur	е		
2100 51 01 2200 11			emon	uori			×	Glo	vebag Proc	edure						
					·			No	n-Exempted	(*) an	d Non-Fi	riable		Time	ement	
	3.63		Locat			2.20	64,600	60						драце Ту		
Location Asbestos-Containing		Use	d Sole	ely by	Asbes		scription taining M		(ACM)	P	mount				m	
TO BE AB	ATED	100000000000000000000000000000000000000	intena todial			thermal	systems	s insula			Specify		Rer	R	nca	Enc
In Faci (13)			(12)				cing, VA niscellan			51	F or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>m</u>		ate	6
Attic	;			×		Pipe	Insulat	tion		1	40 LF		x			
clean up sidin	g exterior					exte	rior sid	ing		1	0 SF					
						755	*************									
				1												
Name of Registered Wa	ste Hauler		100	JDEP W			Yards		Name of F	Registe	ered Lan	dfill				
Pernaco Inc.				fauler ID 1787	No.	of Wa			ACUA							
City, State							sal Date		City, State		Trans NI		24			
West Berlin NJ		T'0-				4/18/			Egg Ha	TOOT	I WP NJ		34			
Completed by Anthony T Perna		Title	ident			5	Signature	0				Date 3/29	1/10	)		
Anthony i Fema		ries	uciil	•			_	K				0123	,, 10	•		

Mer 07 2019 10:46AM HP Fax 2012951707 #1915/ PIPE INS page 2 WINDSOR BERGEN ACADEMY 56 PASSAIC ST, RIDGEWOOD/07450 Setto of New Jorsey NOTIFICATION OF ASSESTOS ABATEMENT Cost: \$1,600 Date: 3/07/2019 (Purpuent & MJAC 8:80 and 12:120) Date of Notification (1) 03/07/2019 Name of Building Owner/Operator (2) Chack #3558 Our Lady of Mount Carms Agencies Notified Type Noticetion Street Address EPA 1 Passaic Street Initial Amended DOL City. State, Zip Code Amendment & Emergency (induding Ridgewood, NJ 07450 BOH istification) Name of Contact DCA Canceletion Chris Wright Telephone Number Name of Facility Where Abetemeré is Taxing Place (3) 201-312-8788 PACILITY INFORMATION Windsor Bergen Academy Type of Federy (4) Street Address 58 Passaic Street School (K-12) Subchapter 2 (Other than K-12) Other (i.e. private & commercia) suitings, homes. CIN (5) Ridgewood Sours Fee County (B) Of Floors Bldg. Age 20,000+ Bargan County Code (7) 3 504 Current Use (Prior if being demails ned) Name of Monitoring Pirm Hired by Building Owner (2) School ABCM No Name of Abatement Contractor (9) Street Address NA EA Services NA Stroom Address City, Biase, Zip Code 428 69th Street NVA City, State, Zp Cod Project Manager for Mentioring Firm Guttenberg, NJ 07083 NIA relephone No. siephone No. AVA Steri Date (10) Licenso No. 201-285-1700 Scheduled Completion Date (11) 01074 3/7/2018 Name of OSHA Mobiler 2/9/2019 Occupancy Status During Absternant (Check Only One) NA Facility Clease/Vacated During Entire Period of Abetement Abstract Performed Outside of Normal Feelity Hours Cities - Describe: 3pm Street Address N/A City, State, Zip Code Scape of Work (Check All That Apply) NVA 71 CS 10 18 ES 2160 sf or 2260 N Renovetion Full Containment with Negative Pressure Mini-Enclosure Glovabed Procedure Mon-Exempted (\*) and Non-Prisible Procedure Demoition le Lecetion Location of Normally Lipsed Solety by Asbestos-Conteining Materiel (ACne)
TO BE ASSTED Abetement Description of Asbestos Cantaining Material (ACM) Type Malmanance In Facility (i.e. themet systems insulation, Custodial Staff? Amount Surfacing, VAT, or other miscallaneous) (Specific (13) (12) or LF Yes No N/A **Boiler Room** X ACM Pipe Insulatation BLF X Name of Registered Weste Hauler Tri State Transfer Associates Cubit Yarda Name of Registered Landill Heder ID No. of Waste 19551 Mirjarva Emarprisa Cay, Biam Bronx, NY Disposal Date City State TED Waynesburg, OH Completed by Michael Falardo Signalino Office Manager Daka 3/7/2019

<sup>\*</sup> Do not use this form for sebesics licensure exempted adjullies.

CK3348 PA	DNC		ATION (	e of New OF ASBES NJAC 8:	STOS A	BATEN							V!	The second
Date of Notification (1) 03/07/2019 Check #3339	348			Building On dy of Vic				ent Acad	emy	Charter	R - Scho	4 2( ol	)19	1
Agéncies Notified Type Notification		10000	treet Add							.1262		2		- 12
EPA Initial Amended Amendment #_		C	ity, State	e, Zip Code City, NJ		4				- 5	i gurta d		****	
Emergency (inc	luding	N	lame of (	Contact	0730					phone Nur				
DCA Cancellation		L		Mueller	RMATIC	ON			212	2-882-17	84			
Name of Facility Where Abatement is Taking F Empowerment Academy Charter Sch								Facility (4)						
Street Address 240 Ege Ave.		-					I St	chool (K-12) ubchapter 8 ther (i.e. priv	(Othe	er than K-1: commerci	2) al build	lings,	home	S,
City (5) Jersey City							Square 20,00	Feet	# of 3	Floors	1000	ldg. A	ge	
County (6) Hudson			County C	ode (7) SE ONLY)			Current	t Use (Prior	if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)	A	ASCM N/A	No.			of Abate Service:	ment Contr	actor	(9)				
Street Address N/A							Address 39th St							
City, State, Zip Code N/A	2						state, Zip enberg	Code , NJ 0709	13					
Project Manager for Monitoring Firm N/A			Telephon	e No.		100000000000000000000000000000000000000	none No. 295-17			License N 01074	lo.			
	chedule		pletion D	Date (11)		Name	of OSH	A Monitor						
Occupancy Status During Abatement (Check	Only One	<del>=</del> )	-	25		Street N/A	Address	3						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:				2	_		State, Zip	Code						_
Scope of Work (Check All That Apply)				,253										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				>	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	dure				e	
	Is	Location	on				14011	-Excilipted	( ) (1)	d Hom I ha		Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Solel ntenar odial S (12)	ly by nce/		os Con thermal surfa		Material is insulat AT, or		(	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	
Basement/Auditorium/Gymnasium		X		ACI	M Elbo	ows ar	nd Sea	ms	, and the second	5 SF	-	X	_	_
				3										
					0.4:	. Vd-		Name of C	) a siat	orad Landf	100			
Name of Registered Waste Hauler Tri State Transfer Associates		Н	IJDEP W lauler ID 9551		of Wa		æ 1	Minerva		ered Landf erprise	di			
City, State Bronx, NY	-				Dispo	sal Date	е	City, State Waynes		, OH			_	
Completed by Michael Fajardo	Title	e Mar	nager			Signatur	re Vh	T		1	Date 3/7/20	19	No.	

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) GHECK 5022 Date of Notification (1) Name of Building Owner/Operator (2) 3-27-2019 NOLAN Agencies Notified Type Notification Street Address EPA Initial DEP П Amended 宇 DOL Amendment # ORADELL, NJ 07649 Emergency (including DOH justification) Telephone Number DCA Cancellation NOLAN FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) T. NOLAN Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) П Square Feet # of Floors ORADELL Bldg. Age 1200 69 YRS County Code (7) Current Use (Prior if being demolished) BERGEN (STATE USE ONLY) PESIDENCE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Removal Inc 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 Start Date (10) Scheduled Completion Date (11) 00388 4-8-2019 Name of OSHA Monitor 4-12-2019 Occupancy Status During Abatement (Check Only One) Omega Environmental Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huyler Street Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) П ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 If Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedur Is Location Abatement Normally Location of Type Asbestos-Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, surfacing, Custodial Staff? In Facility (Specify Remova VAT, or (13)(12) SF or LF) other miscellaneous) Yes No N/A BASEMENT VAT 1200 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Best Removal Inc 5 4 PS 17109 City, State Minerva Enterprises, Disposal Date City, State Hackensack, NJ 07601 4-12-2019 Waynesburg Completed by Title OH R. Voldran R. VELDRAN Estimator 3-27-ASB-41 (R-06-08) \* Do not use this form for aspestos licensure exempted activities.

State of New Jersey

CK209 PAID

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

#209

CHOO!			ζ.							100	FPI	5 1	M	1+.	
Date of Notification (1) 3/28/19	15				Building C port Hor			(2)	the shape of			= 0	W.,	E-Tapes Supplied	
Agencies Notified  EPA	Type Notification			Street Ac 1100-N	idress //axwell	Lane	Unit 32	26		1	APR	- 4	2019	ı	
DEP DOL	Initial Amended Amendment			City, Stat Hobok	te, Zip Cod en, NJ C	de 07030	)		-	Î		, 3 2		- 4	
DOH DCA	justification)  Cancellation			Name of Mark	Contact						phone Num 3-223-540				
				FACII	ITY INFO	RMAT	ION			+					
Name of Facility Where	Abatement is Takin	g Place (3)	)	.,,-,-					of Facility (4 School (K-12						
Street Address		3)							Subchapter	8 (Othe	er than K-12 commercia	) I build	ings,	home	s,
City (5) Montclair, NJ 0704	2								e Feet	# of	Floors		dg. A 50	ge	
County (6) Essex				County C	Code (7) ISE ONLY)				nt Use (Pricate House		ng demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abat	ement Con Orp.	tractor	(9)				
Street Address	7	10						Addres -Lafay	s ette Stree	et					
City, State, Zip Code				1974					p Code IJ 07105						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			hone No -491-0			License No 01240	).			
Start Date (10) 4-6-19		Schedule 4-8-19		npletion [	Date (11)		Name	of OSF	A Monitor						
Occupancy Status Durin	a Abatement (Cher	k Only On	e)				Street	Addres	ss						
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of A	baten					- 35.00 - 20.00 - 30.00	p Code						
Constitute to (Observe)	NUT-+ A				<u> </u>										
Scope of Work (Check A  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All I hat Apply)	The Contract of the Contract o	lenova Jemoli					Mir Glo	i-Enclosure	edure	Negative P				
						_		Noi	n-Exempted	(*) an	d Non-Friab	1	Salara California		
		170,000	Locat	2007277									Abate	ement pe	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Use Mai	Norma d Sole intena todial (12) No	ely by nce/		os Cor therma surfa	escription ntaining I al system acing, VA miscella	Material is insula AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Basem	nent		Х			Pip	e Insula	ation		7	70LF	X			
						- 1									
Name of Registered Wa Newark Carting Inc			H	NJDEP W Hauler ID 04509		Cubi of W	c Yards aste				ered Landfill nem Land	fill			
City, State Po Box. 5670, New	ark, NJ 07105					Disp	osal Date	9	City, State 2335-A		utter Rd.	Beth	lehe	m, P	Α.
Completed by Carlos Gomes		Title Pres	ident				Signatur	e//			Da 3-	te 28-1	9		
							7			-					

CV 19107	N	00000		OF ASBE				Т			+	11/			
Date of Notification (1) 03-28-19	U			Building (			(2)	€ g.1	- [	C	E I	1	7	T	,
Agencies Notified Type Notification			Street Ad	ddress mon St.				į.	1-1		100	- 1.			
EPA Initial Amended		-		te, Zip Co						APR	- 4	201	9	and the second	1
DOL Amendment #		_		k, NJ 07					1	231 23	M5			1	enter?
DOH justification)	iciuality		Name of	Contact Espino						ephone N '3) 344-				- 4	
DCA Cancellation			Tarre to to	LITY INFO		TION			(37	3) 344-	4300	12			
Name of Facility Where Abatement is Taking Commercial Building	Place (3	)	17,01.				Тур	e of Facility (							
Street Address 57 Freeman St.							ĸ	Subchapter Other (i.e. p etc.)	8 (Othe			ldin	gs, I	nome	s,
City (5) Newark							Squ	uare Feet	# of	Floors	T	Bldg	. Ag	ge	
County (6) Essex			County C	Code (7) ISE ONLY)			Cur	rrent Use (Pri	or if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.		100000000000000000000000000000000000000		batement Cor		(9)					
Street Address						Street	01.7000000	ntracting L	LC.						-
				1	5-0.7	522									
City, State, Zip Code								Zip Code ity NJ 0708	37						
Project Manager for Monitoring Firm			Telephor	ne No.	),	Teleph 201		No. -9603		License 01206					
N 5	Schedule 04-19-		mpletion [	Date (11)				SHA Monitor entracting L							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Add	ress							
Facility Closed/Vacated During Entire Po						522	1000000								
Abatement Performed Outside of Norma Other – Describe:	ai Facility	Hour	S			5000		Zip Code ity NJ 0708	37						
Scope of Work (Check All That Apply)						_	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				dure	9	
	Is	Locat	tion											ment	
Location of	- 28	Norma ed Sole	~ .	Ashaat		Description		rial (ACM)	^	mount		T	1 91		
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	1	intena todial (12)	Staff?		therm sur	nal system facing, VA r miscella	s ins	ulation,	(5	Specify or LF)	Remova		Repair	Encapsulate	Enclosure
0.50 / 105	Yes	No	N/A								=			ate	Ф
Basement		х			Pip	e Insula	ation	1	12	00 LF	х				
Basement		Х			Ce	iling Tex	kture	Э	12	20 SF	x				
Basement		Х				VAT			20	06 SF	x				
1st Floor / Entrance		x				Vinyl				10 SF	X				
Name of Registered Waste Hauler Delfa Contracting LLC			NJDEP W Hauler ID 356240	No.	1 2020	vaste 20		Contraction and		ered Land Source		ver	y F	acilit	ty
City, State Union City, NJ						oosal Date 1-19-19	9	City, Sta Tullyto		A					
Completed by Jaime Delgado	Title Proj.	Man	ager.			Signatur	e	11			Date 03-28	-19	)		



CK19107	PAU		(P	ursuant	to NJAC	8:60 an	d 12:12	0)				-		#	2	
Date of Notification (1) 03-28-19					f Building onstruct			r (2)	A 7 - 2		C	5				
Agencies Notified	Type Notification			Street A	ddress				11.7					10	10.11.0	
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	ate, Zip Co	ode			11	44 (	APR	- 4	20	119	1	40°
▼ DOH	Emergency (				f Contact	103		2		Tel	lephone I	Numb	er .	14		
DCA	Cancellation				n Espino					(9	73) 344	-456	8-	or the first		
Name of Facility Where Al		g Place (3	3)	FACI	LITY INFO	ORMATI	ON	Тур	oe of Facility (	4)	70000	***************************************				
Commercial Building Street Address									School (K-1		orthan l	(10)				
57 Freeman St.								r	Subchapter Other (i.e. p etc.)				build	ings,	home	ès,
City (5) Newark								Squ	uare Feet	# 0	f Floors		BI	dg. A	ge	
County (6) Essex				County (	Code (7) USE ONLY			Cui	rrent Use (Prid	or if be	ing demo	lished	1)			
Name of Monitoring Firm I	Hired by Building (	Owner (8)		ASCN	/ No.				batement Cor ontracting L		(9)					
Street Address							Street 522									
City, State, Zip Code							1 - 100 to -		Zip Code ity NJ 0708	7						
Project Manager for Monit	oring Firm			Telepho	ne No.		Teleph 201		No. -9603		License 01206					
Start Date (10) 04-08-19		Schedule 04-19-		mpletion I	Date (11)				SHA Monitor	1.0						
Occupancy Status During	Abatement (Chec						Street		ontracting L ress	LC					_	
Facility Closed/Vacat	ed During Entire F	Period of	Abater	nent			522		270.753							
Abatement Performe Other – Describe:	d Outside of Norm	iai Facility	/ Hour	5		_	100000		Zip Code ity NJ 0708	7						
Scope of Work (Check All	That Apply)						-	1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	Renova Demoli					1	Full Containme Mini-Enclosure Glovebag Proc	e edure						
		le	Locat	ion			Ľ	<u> </u>	Non-Exempted	i (*) an	d Non-Fr	rable		Abate		
Location		1	Norma ed Sole	lly			scription			00		-		Ту	ре	
Asbestos-Containing N TO BE ABA	ΓED	Ma	intena todial	nce/		thermal	systems	s insi		(5	mount Specify		Re	R	Enca	Enc
In Facility (13)	/		(12)				cing, VA niscellar			SI	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_		ate	Ф
Exterio	r		Х				ow Gla		9		each	×	2			
Roof			Х	-		Roo	f Flash	ning		7	2 SF	×	2			
												+				
Name of Registered Waste	e Hauler		100	IJDEP W		Cubic			Name of I	Registe	ered Land	dfill				
Delfa Contracting LLC	;		100	lauler ID 356240			20		Tullytov		source	Rec	ove	ry F	acilit	У
City, State Union City, NJ	25					The second state and the	al Date 9-19		City, State Tullytov		4					
Completed by		Title				23800	ignature	9	18			Date		^		
Jaime Delgado		Proj.	Mana	ager.				4	Tel			03-2	8-1	9		

## State of New Jersey

CK 196	28 DAT		NOTIF	ICATIO	N OF ASE t to NJAC	BESTOS	ABAT	EMEN 20)	Т		EC	F		7 :-	
Date of Notification (1) 03-28-19					of Building Construc			or (2)			APR	- A	201	9	
Agencies Notified	Type Notification				Address ermon S	t.				- NAME - RES		2/			) Associate
□ EPA □ DEP □ DOL	Initial Amended Amendment Emergency (		_		ate, Zip C ırk, NJ 0						<i>A</i>	*1 - 70 - 1 6 a			
DOH DCA	justification) Cancellation	including		Nelso	of Contact on Espine	osa					lephone Nu 73) 344-4				
Name of Facility Where	Abatament is Taking	Dlass /	21	FAC	ILITY INF	ORMAT	ION	T =							
Commercial Buildir		) Place (	3)					Тур	e of Facility (	(4)					
Street Address 64-96 Lexington St									School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K-1	2) ial bui	dings	hom	es.
City (5) Newark	: 		<del></del>						etc.) are Feet		f Floors		Bldg. A		
County (6) Essex			T		Code (7) USE ONLY	)		Curi	ent Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm	Hired by Building C	Wner (8	)	ASCI	M No.		1		atement Cor		(9)				
Street Address							Stree	t Addre	ess						
City, State, Zip Code							City,	State, A	Zip Code						
Project Manager for Mon	itoring Firm		T	Telepho	ne No.			on Cit	y NJ 0708 No.	17	License N	10.			
Start Date (10)		Schedul	led Con	nletion	Date (11)			216-9	9603 HA Monitor		01206		10000		
04-08-19		04-19-	19	ipietion	Date (11)		Delf	a Cor	ntracting L	LC					
Occupancy Status During Facility Closed/Vaca				ont				t Addre							
Abatement Perform Other – Describe:	ed Outside of Norma	al Facility	y Hours	6					Zip Code y NJ 0708	7					
Scope of Work (Check A	II That Apply)						Offic	JII CIL	y 143 0700						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mi Gl	ill Containme ni-Enclosure ovebag Proc on-Exempted	e edure				۵	
		2.00	Locati						ZA ZAGNIPLOS	, ( ) an	0 11011 1 1101	1	Abate	ment	
Location Asbestos-Containing	0.73(6)		Normall ed Sole		A = h = = =		scription			2	w.		1 9	ре	
TO BE ABA In Facili (13)	ATED	Cus	todial S (12)	Staff?		tos Cont thermal surfac other n	system	s insul AT, or	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterio		Yes	No	N/A		0					0.15	-			
Interio			X				m Ca				0 LF	Х			
interio	1		Х			Sea	m Ca	UIK		7	2 LF	х			
												+			
Name of Registered Was	te Hauler		N.	JDEP W	l /aste	Cubic	Yards		Name of F	Reaiste	red Landfill				
Delfa Contracting LL			H	auler ID 356240	No.	of Was	ste	и	1000000 00 KV		source R		ery F	acilit	у
City, State Union City, NJ				17.747-10		Dispos	al Date		City, State						

Jaime Delgado

Completed by

Title

Proj. Manager.

Date

03-28-19

Signature

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK 130	PAI		NOTI	FICATIO	ON OF AS nt to NJA	BESTO	SABATE	EMENT 20)	,		EC	E		7	
Date of Notification (1) 03/28/2019					of Buildin Rosas	ng Owner	/Operato	r (2)		177		n /	20	10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified	Type Notification	1		2	Address						AP	H - 2	20	19	inc.
X EPA	× Initial										Alaska .				4
X DEP X DOL	Amended				State, Zip					-	, (about )		-	_	
	Amendmer Emergency		ng		n Amboy		8861						<del>-</del>	eur i i i	
DOH DCA	justification Cancellatio	)			of Contac Rosas	ct				Te	lephone	Number	9		
		127			CILITY IN	EODMA.	TION								
Name of Facility Where	Abatement is Taki	ng Place	(3)	170	SILIT IN	FORMA	IION	Туре	of Facility	(4)					
House Street Address									School (K-	(C 5)					
Street Address									Subchapte	r 8 (Oth	ner than I	<-12)		-0.1	
City (5)									Other (i.e. etc.)	private	& comm	ercial bu	ildings	s, hom	ies,
Perth Amboy								Squa N/A	re Feet	# c	of Floors A		Bldg. N/A	Age	
County (6) Middlesex				County	Code (7)	VI		Curre	ent Use (Pr	ior if be	ing demo				
Name of Monitoring Firm	Hired by Building	Owner (8	3)		M No.		Name	Hou of Abo	se Itement Co	mtun at a	(0)				
N/A	120		-26:				D&S	Abat	ement, Ir	ntractor nc.	(9)				
Street Address							12450 202	Addre	ss gren Ave	nue					
City, State, Zip Code					230		City, S	state, Z	ip Code	nue					
Project Manager for Moni	toring Firm								J 07512						
	toring Firm			Telepho	one No.		Teleph 973-3	one N 345-8			License 01311	000000000000000000000000000000000000000			
Start Date (10) 04/10/2019		Schedu 04/11		mpletion	Date (11)	)			HA Monitor	-					
Occupancy Status During	Abatement (Chec			-			Street		ement, In	IC.					
Facility Closed/Vaca	ted During Entire I	Period of	Ahater	nent					ren Aver	nue					
Abatement Performe  Other – Describe: 00	d Outside of Norn	nal Facilit	y Hour	S					p Code						
						_	Totov	wa, N	J 07512						
Scope of Work (Check All	That Apply)	[													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		***************************************	Renova Demolit					Full	Containme	ent with	Negative	e Pressu	ire		
			o o mo m	iioi i				Glo	i-Enclosure vebag Prod	edure					
		1					X	Nor	n-Exempted	d (*) and	Non-Fri	able Pro			N/2
Location	of		s Locati Normal											ement pe	t
Asbestos-Containing N	Material (ACM)		ed Sole		Asbes	stos Cont	scription taining Ma	aterial	(ACM)	Aı	mount		_		Г
TO BE ABA			todial S		(i.e.	. thermal	systems cing, VAT	insula	tion,	(S	pecify	Re	<sub>Z</sub>	Ence	Enc
(13)			(12)				niscellane			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>n</u>	"	late	lre
Baseme	nt		Х		Pipe	Insula	tion (wr	rap &	cut)	12	.5 LF	Х			
														9 = 00	
<u> </u>															
Name of Registered Waste	Hauler		IN	JDEP W	laste	Cubic	Varde		Nome of 5	D = -1 - 1					
D&S Abatement, Inc.			Н	auler ID 1996		of Was			Name of F Fairless			111			
City, State				,000		1000000	al Date		City, State						
Totowa, NJ						TBD	/	1.	Morrisvi		1				
Completed by Oliver Hegedis		Title	ot Ma	nager		S	ignature	111		- X X X X X X X X.		ate			
		Froje	ct ivia	nager			116	1/			- 0	3/28/2	019		

M02586170450		IFICATION (Pursua	State of New ON OF ASB Int to NJAC	ESTOS 8:60 and	ABATEI d 12:120	0)	1		G			M		a delication of the second of	
Date of Notification (1) 03/28/2019			of Building Fanelli	Owner/C	Operator	(2)		\$	APR	- 1	4 2	2019			
Agencies Notified Type Notification    EPA   Initial		Street	Address				•	James.							
X         EPA         X         Initial           X         DEP         Amended           X         DOL         Amendment #			State, Zip Co ham, NJ	A Company of the Comp								9			
Emergency (incluing justification)  DCA  Emergency (incluing justification)  Cancellation	ıding		of Contact Fanelli				Telenhone Number								
		FA	CILITY INFO	ORMATI	ON	-						10-			
Name of Facility Where Abatement is Taking Pla	ice (3)				Type of Facility (4)										
House Street Address	-				*		School (K-12 Subchapter of Sther (i.e. pr	8 (Other			ouild	ings,	home	es,	
City (5) Chatham		0.0011.001					e Feet	# of I	Floors			dg. A	ge		
County (6) Morris			y Code (7) E USE ONLY	)		2.35,5-15	nt Use (Prio		g demo	lished					
Name of Monitoring Firm Hired by Building Owne N/A	er (8)	ASC	CM No.			of Abat	ement Cont	77.5	9)						
Street Address					Street	Addres	s								
City, State, Zip Code					City, S	Rosengren Avenue State, Zip Code owa, NJ 07512									
Project Manager for Monitoring Firm		Teleph	none No.			wa, No	o Americano de Companyo de Com		License	No.					
						345-86			01311						
	eduled C /10/201		n Date (11)				A Monitor ement, Inc	<b>)</b> .							
Occupancy Status During Abatement (Check On Facility Closed/Vacated During Entire Perio		ement				Addres: oseng	s ren Aven	ue							
Abatement Performed Outside of Normal Fa				_		tate, Zip wa, N.	o Code J 07512			7					
Scope of Work (Check All That Apply)	Ţď.														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation olition			2000	Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure						re			
	Is Loc	ation									Abatement				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Norm Used So Mainter Custodia (1)	olely by nance/ al Staff?		tos Cont thermal surfac		faterial s insulat T, or		Amount (Specify SF or LF)			Remova	Ty Repair	e Encapsulate	Enclosure	
	res N	o N/A		Other II	nisociiai	icous)					val	=	ılate	ure	
Garage	X			Duct	Insula	tion		60	SF		X				
Attic	X			Ve	rmiculi	te		100	0 SF		X				
Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Hauler I		Cubic of Was			Name of F Fairless	v.550		fill						
City, State		20996		TBD	sal Date		City, State		111						
Totowa, NJ				TBD	1	2/	Morrisvi								
	itle Project N	/lanage	er	S	ignature	Date 03/28/2019					019	9			

1 k2048	PAI			Sta FICATION Pursuant		ESTOS	ABATE		1.		E C F		W	1	
Date of Notification (1) 03/28/2019					Building ervice F			(2)			4DD -	- 4	2019	the designation of	Company of the control of the contro
	Type Notification			Street Ac	ddress Center A	venue			- <u> </u>	1	APR -	4	2019	-	-
X EPA X DEP X DOL	Initial Amended Amendment	#		City, Sta	te, Zip Co	ode	Cases								
DOH DCA	Emergency justification)	(including		Name of							lephone Nur )1-947-58	nber	277		
L DCA	Cancellation	1			LITY INFO		ON			20	71-347-30	00			
Name of Facility Where Al	batement is Takir	g Place (3	()	FACIL	LITTINE	JRIVIATI	ON	Type	of Facility (	4)				7.5	
Residential Building			200						School (K-1						
Street Address 2077 Center Avenue	)								Subchapter	8 (Oth	ner than K-1: & commerci		dings,	home	s,
City (5) Fort Lee									e Feet	# o N//	of Floors A	252	ldg. A	ge	
County (6) Hudson				County C	Code (7) ISE ONLY	)			nt Use (Prid dential B		ing demolish	ned)			
Name of Monitoring Firm I	Hired by Building		ASCM	l No.				tement Con ement, In		r (9)					
Street Address				Street 11 R					ss gren Aver	nue					
City, State, Zip Code							City, S	tate, Zi	p Code J 07512						
Project Manager for Monit	oring Firm			Telephone No.				none No	D.		License N 01311	lo.			
Start Date (10) 04/08/2019		Schedule		mpletion [	Date (11)		Name	of OSF	IA Monitor ement, In		01011				
Occupancy Status During	Abatement (Che	1500000000000	305000.050				Street	Addres	S						
Facility Closed/Vacat Abatement Performe	d Outside of Norr						City, S	tate, Zi	ren Aver	nue					
Scope of Work (Check All						_	Totowa, NJ 07512								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demol				×	Min Glo	i-Enclosure vebag Prod	e cedure	h Negative F			e	
		10100	Loca	The state of the s									Abate	ment pe	
Location		11.11711	Norma	ally ely by			scription		/			-	1 9	pc	
Asbestos-Containing N TO BE ABA		Ma	intena	ance/		tos Cont thermal					Amount Specify	N N	77	Encapsulate	E
In Facility (13)	у	Cusi	(12)	Staff?			cing, VA			S	F or LF)	Removal	Repair	apsı	Enclosure
(13)		Yes	No	N/A		Outer	riisceilai	ieous)				val	=	ılate	ure
Ground Floor	Storage	165	X	IN/A		Pine	Insula	tion		2	40 LF	X			
Ground 1 1001	Otorage	-		-		1 ipe	IIIoula	ttion			.40 L1	- A			
				-								-			
												-			
Name of Degisters 4 14/	o Hauler			NJDEP W	laata	Cr.hi-	Yards		Non	Deci-1	ozod 1				
Name of Registered Wast D&S Abatement, Inc.			- 11	Hauler ID 20996		of Wa			Fairless		ered Landfil dfill				

City, State Totowa, NJ Disposal Date TBD

City, State Morrisville, PA

Completed by Oliver Hegedis

Project Manager

Signature/

Date 03/28/2019

		PAI	0	NOTII I)	CATIO	tate of New N OF ASBE t to NJAC 8	STOS	ABATEN	ΛENT )	Т			C	JEC C	KH	+313		
	te of Notification (1) 25/2019					of Building C mberger				cal Center		13	(h)		M			
Ag	encies Notified	Type Notification			Street A													
×	EPA	Initial Amended				allace Roa					111	i.	APR	- A	2019	112		
×	DEP DOL	Amended Amendment Emergency		_		08550												
×	DOH	justification)		Name of Contact Mr. Christopher Blade						Telephone Number								
Ш	DCA	Cancellation	1				2000				(60	9) 606	5-9222		i inter	85.5		
Na	me of Facility Where	Abatement is Takir	ng Place (	3)	FAC	ILITY INFO	RMATI	ION	Type	e of Facility (	4)							
Sc	chlumberger Princ	ceton Tehnical	Center	T.					., <sub>p</sub> ,	School (K-1								
	eet Address								Ħ	Subchapter	8 (Othe							
20	Wallace Road						X	Other (i.e. petc.)	orivate 8	comme	ercial bu	ildings	, hom	es,				
1 1000	y (5) inceton Junction								Squ 350	are Feet	# of	Floors		Bldg. A	\ge			
2 3 5 5 5	unty (6) ercer					Code (7) USE ONLY)			rent Use (Pri	or if beir	ng demo	olished)						
- 0000	me of Monitoring Firm	)	ASC	И No.			of Ab	atement Cor		(9)								
	0.000							racting, LL	-C									
	eet Address						Street Address 1385 Valley Road, Suite K											
City	, State, Zip Code							Zip Code New Jerse	y 0747	0								
Project Manager for Monitoring Firm					Telepho	Telepho (973)		No. 3-5040		License 00874								
	rt Date (10) 8/2019		Schedul 4/30/2							SHA Monitor racting, LL	.C							
Occ	cupancy Status During	g Abatement (Chec	ck Only Or	ne)	Stree					6750								
×	Facility Closed/Vaca				120					ey Road,	Suite ł	<						
	Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	y Hour	ours City,					Zip Code New Jerse	v 0747	70						
Sco	pe of Work (Check A	II That Apply)						5 W 100 N 100 N										
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mi Gl	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			le	Locat	ion			Non-Exem			xempted (*) and Non-Friabl				ement			
	Location	of	1	Norma	lly		Des	scription (	of					Ty	/ре			
	Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	ed Sole intena todial (12)	nce/ Staff?	(i.e. th	os Cont hermal surfac	aining Ma systems cing, VAT niscellane	ateria insul , or	lation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure		
			Yes	No	N/A								3		ate	ď		
	Bldg 12	200		X			VA	T/Masti	С		85	0 SF						
	Bldg 12	200		X			Tar D	uct Sea	aler		10	0 SF						
	Bldg 1201						VA	T/Masti	С		32	5 SF						
	ne of Registered Was vice Transport Gr	H	JDEP W lauler ID	No.	Cubic of Was			Name of I										
City	, State			2	0990			al Date		Minerva City, State	е		, LLC					
	v Castle, Delawa	re	Title				TBD			Waynes	sburg,	Ohio						
	npleted by drag Sarcev		Presi	esident					>	200000000000000000000000000000000000000		Date 3/25/2	019					

# State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Check # 3224

GAC Project # 060-18						9 :	15	<b>3</b> (87)	11						
Date of Notification (1)  March 27	7, 2019				Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ										
Agencies Notified  EPA  DCA  DOL  DEP- No Longer REQUIRE  DOH		□ Emerg	Notifica ed Noti gency ( cation)	fication # (including	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854  Name of Contact MICHAEL F. SMITH, ENV.  848-445-2550										
					HEALTH & SAFET		848-	-445-2	550						
				FACILITY IN	FORMATION										
Name of Facility Where Abateme UNIVERSITY INN, BLDO					Type of Facility (4) School (K-12) Subchapter 8 (other than K-12)										
Street Address DOUGLASS CAMPUS					Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years										
NEW BRUNSWICK	ounty (6) MIDDLE	ESEX		Code (7) Use Only)	Current Use (prior if bein	ig demolishe	d): AC	ADEMIC							
Name of Monitoring Firm Hired by ATC	Bldg. Ow	ner (8)	ASCM 0009		Name of Contractor (9)										
			200000000000000000000000000000000000000		GREENWOOD ABA	TEMENT (	CONSU	JLTAN'	TS, INC	-					
Street Address 3 TERRI LANE					Street Address										
City, State, Zip Code					511 MAIN STREET  City State, ZipCode										
	3016				BUTLER, NJ 07405										
Project Manager for Monitoring Fi		Telephone 1 609-386			Telephone Number		Licens	se Numbe	<u>er</u>						
The state of the second					973-492-0477		0084	10							
Scheduled Start Date (10) 04/05/2019	3		Completion 8/2019	on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	C.									
Occupancy Status During Abate  Facility Closed/Vacated During				nt	Street Address 20-21 WARGARAW		DC# 3	55							
☐Abatement Performed Outsid					City, State, Zip Code										
Other- Describe: Schedule: WEEKENDS AS NEEDED)	5PM - 5	5AM (24 F	IOURS	&	FAIRLAWN, NJ 074	10									
Scope of Work (Check all that app	oly)														
∑≥ 3 sf or >3 lf     □≥ 160 sf or ≥ 260			I	☑Renovation ☐ Demolition	[ [3	☐Full Contair ☐ Mini-Enclo ☑ Glove bag ☐Non-Exem	sure Procedu	ure / Wra	ap & Cut		ure				
Location of Asbestos-Containing Material (ACM) in Facility (13)		tion Normal by Maint./Cu			bestos Containing Material nal systems insulation, surfac	ing, (Spec		Abatem	ent Type						
	Staff? (*YES		NA	VAT, or other mis		or LF)		Remove	Repair E	Encap E	Enclose				
001 MER	X			TSI		<9	LF	X							
Name of Reg. Waste Hauler		JDEP Was	to Haulo	r ID #	Tag and a second	5.0)/	Nome	of Daniel	tered Lan	4611					
See Hauler Below #1 & 2		Cubic Yards of Waste:	5 CY			North L		II							
Hauler #1) Greenwood Abatemer NJDEP # 12561 Hauler #2) Newark Carting, Inc. NJ DEP # 4509	NJ 07405	3	Disposal Da 04/08/2	X30		City, State 100 New Rd. Morri 19067 215-736-1	Ford M isville,								
Completed by (Print or Type)	Signature		<u>Date</u>												
RAYMOND C. PEDALIN	Raymond C. Te	dalino	Marc	:h 27, 2	2019										

03-20-'19 11:36 FROM- SKY CONTRACTING 973-928-5311 T-094 P0092/0004 F-159

1/21X	) ITS A TOTAL	NC	TIFIC	State of New Jersey TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)														
X DIX	IMAL											95	1/2	019				
Pale of Notification (1) 3/20/2019	*		1	lame of B Marcel -	Sound	view i	Papar C	ompa Compa	ny LLC				~	7				
Agencies Notified	Type Notification			Ireet Add					1									
EPA DEP	[ Initial Amended Amendment		-	ity, State	, Zip Cod	0	lorsev	0740	7 .		SKI	1/1						
DOL.	Emergency (			Jame of C	ber			_										
DOH DCA	justification) Cancellation			Mr. Edw		Knapi	ick		1	(973)	222-83	40_						
		- 75		FACILI	TY INFO	RMATI	ON	Tuna o	Facilly (4						'4			
Name of Facility Where A	ibatément le Teking a No.45	g Place (3)							chool (K-12									
Street Address							_	8	ubchapter t	(Other In	an K-12	)	DO4 P	amas	0			
1 Market Street								اه ستا	la)				100		-			
Chy (5) Elmwood Park				Q 200 1 100 100 100 100 100 100 100 100 1					F961	# of Flo	015	90	g. Ag	e .				
County (6)				County Code (7)					Use (Pria	r if being d	emolish	ed)						
Bergen		A m:		(STATE USE ONLY)					mercial	cantos (O)					_			
Name of Monitoring Firm TBD							me of Abatement Confractor (9) sy Confracting, LLC											
Street Address							ol Address 5 Valley Road, Suite K											
City, State, Zip Code	-				City, S	tale. Zip	Code W Jersey	07470										
Salari Maria da Maria		Telephon	o No		101 - 101 - 101 A 3 A	one No			ense N	0.			_					
Project Manager for Mor		r eleption	6 ITW.		100000000000000000000000000000000000000	028-		-	874	75.54 h								
Start Date (10) 3/21/2019	d Con	opieion C	ale (11)				A Monitor acting, LL	C										
Occupancy Status Durin	g Abatement (Chec	ck Only On	e)					Addres		Culto M								
Facility Closed Vac	ated During Entire	Period of A	balem	nent					y Road, S	Suite IX					_			
Abelement Perform Other - Describs:		TIGHT & CIMIY	1.00.						w Jersey	y 07470								
Scope of Work (Check	All That Apply)							_		1/80	1000 P							
23 sf or 23 lf 2160 ell or 2260 ll			enova					Full Containment with Negative Mini-Enclosute Glovebag Procedure Non-Exempted (*) and Non-Fri										
								No	1-Exemple	ed (*) and Non-Fria		Abatament						
Locali	a of		Locati	lly		0	escription of					Туре						
Asbestos-Containin TO BE A In Fac (13	g Matérial (ACM) BATED lility	Ma	d Sole intena lodial ( (12)	nce/ Staff?		tos Cor thermi	ntaining P at system acing. VA miscelis	Visitetist Siusni at AT, or		Amo (Sps SF or	offy	Renzoval	Repair	Encapsulate	and the same of the same of			
		Yes	No	N/A		0004	Dino inc	- Uslia		200	1 5	X		-	H			
Exte	rior	+-	X	+-		ACIVI I	Pipe Ins	Sulairo	1	200	LI	1			-			
												F			F			
Name of Registered W	aste Hauter			NJDEPW			ic Yards			Registere					_			
Service Transport			2.6	10990 Hauler ID	NO.	10			Contraction by Contract	a Enterp	1805,	LLC						
City, Stele New Caslle, Delaw				Disp	osal Date	9	City, Star	is Sburg, C	hlo									
Completed by	~			1	Signaju					ale	0.5							
Predrag Sarcev	Dion	President					3/20/2019											

Date of Notification (1)

03/22/2019 Agencies Notified

ICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 and	ABATE		HEC	K#_17	773								
	of Building Owner/O	Operator	(2)	. [	GE	1	7	Ann .						
Street A	Address							111	177					
			4.1		APR -	4 20	119		3					
City, Sta	ate, Zip Code DON TOWNSH	IIP NJ	08108	- STATE OF THE STA										
	of Contact S WAWAK	=		Tel	ephone Num	nher								
FAC	ILITY INFORMATI	ON												
				(-12) er 8 (Oth	er than K-12 & commercia		dings,	home	es,					
			Square Feet 2,092	# 0	f Floors		ldg. A	ge						
	Code (7) USE ONLY)		Current Use (F RESIDENT	Prior if bei	ng demolish	ed)								
ASCI	M No.	Name ASS	of Abatement C	ontractor RONMI	(9) ENTAL SE	RVI	CES	INC						
			Street Address 570 CLEMS RUN											
			tate, Zip Code LLICA HILL N	J 0806	2									
Telepho 855-2	ne No. 09-1831		none No. 304-4676		License No 01145	No.								
npletion	Date (11)	Name EMS	of OSHA Monito	or										
nent		10/10/10/10/10	Address RT. 130 NOF	RTH										
BATEME	NT		tate, Zip Code NAMINSON I	NJ 08077										
tion ion		~	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure				e						
on ly	5		500				Abate							
ly by nce/ staff?	Asbestos Cont (i.e. thermal surface		laterial (ACM) s insulation, T, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure					

Agencies Notified	Type Notification			Street A	Address									1			
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip Co		IP NJ	081	108		APR -	4 2(	)19	Section 1	and and		
DOH DCA	Emergency ( justification) Cancellation	including	-	Name o	of Contact S WAW		2000		-	Tel	ephone Nur	mher					
				FAC	ILITY INF	ORMATI	ON						_				
Name of Facility Where A RESIDENTIAL	Abatement is Takin	g Place (3)						Type of Facility (4)									
Street Address								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) HADDON TOWNS	HIP								Square Feet # of Floors Bldg 2,092 2 59					dg. Age 9			
County (6) CAMDEN			Code (7) USE ONLY	)		Cu R	rrent Use (Pr ESIDENTI	ior if bei	ng demolish	ned)							
Name of Monitoring Firm ENVIRONMENTAL	TS	ASC	II No.		Name ASS	of A	batement Co ED ENVIR	ntractor ONME	(9) ENTAL SE	ERVI	CES	INC					
Street Address 413 N. BLACK HO					Street 570		ress EMS RUN										
City, State, Zip Code RUNNEMEDE NJ (	08078								, Zip Code CA HILL NJ	08062	2						
Project Manager for Mon	itoring Firm			Telepho 855-2	ne No. 09-1831		Teleph 610-		No. 1-4676		License N 01145	0.					
Start Date (10) 03/26/2019		Scheduled 03/28/20		pletion	Date (11)		Name EMS		SHA Monitor		2000000						
Occupancy Status During	g Abatement (Chec	(Only One)					Street								-		
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm WORK AREA VACA	eriod of Ab al Facility H NT DURIN	atem lours G AB	ement City, S					130 NOR Zip Code VINSON N		77						
Scope of Work (Check A									VIII (OOI )	0007							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	•		novat moliti				~	1 0	Full Containm Mini-Enclosur Glovebag Pro	e cedure							
		ls I	ocatio	on .				<u>-i '</u>	ton-Exemple	u ( ) ain	I NOTI-I HAD	Abatement					
Location	of	No	rmall	у		Des	scription	of					Ту	ре			
Asbestos-Containing TO BE ABA In Facili (13)	ATED		enan lial S 12)	ice/ taff?		tos Cont thermal surfac	aining N	/later s ins T, or	r	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
ATTIC	<u> </u>	Yes	No	N/A X		VERI	MICUL	ITE	<u> </u>	9	0 SF	X					
			-														
	Address of the second s																
	-	+	_														
Name of Registered Was	N.	JDEP W	/aste	Cubic	Yards	<u> </u>	Name of	Registe	red Landfill								
ASSURED ENVIRO		auler ID 03489		of Was			MINEF	RVA LA	NDFILL								
City, State MULLICA HILL NJ							al Date 1/2019		City, Stat WAYN		RG, OH						
Completed by RON SWANSON	AGER	S	ignature	Ka	web	XWQ6	M Da		2019								