

State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60-7 and 12:120-7)

#25309

RECEIVED

2013 DEC -4 AM 4:55

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 3 /13		Name of Building Owner/Operator (2) VERIZON C/O ESIS	
Agencies Notified		Street Address PO BOX 430	
Type Notification		City, State, Zip Code N. VERSAILLES, PA 15137	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact DAN PETROVAY	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Telephone Number 412-373-6520	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4)	
		<input type="checkbox"/> School (K-12)	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	

Street Address 621 WILLIAM STREET		Square Feet 20,000	# of Floors 4	Bldg. Age 40
City (5) EAST ORANGE	County (6) ESSEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) TELECOMMUNICATION

Name of Monitoring Firm Hired by Building Owner (8) ESIS	ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
---	----------------	---

Street Address 10 EXCHANGE PLACE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302		City, State, Zip Code SUFFERN, NEW YORK 10901	

Project Manager for Monitoring Firm BRIAN KINGSBURY	Telephone Number 201-356-5166	Telephone Number	License Number 460
--	----------------------------------	------------------	-----------------------

Expected State Date (10) 12 / 4 /13 Month Day Year	Sched. Completion Date (11) 10 / 31 /14 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
--	--	---

Occupancy Status During Abatement (Check only one)	Street Address 1376 ROUTE 9
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:	
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM	

Scope of Work (Check all that apply)	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini Enclos H
<input type="checkbox"/> >3SF OR LF	<input checked="" type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Non-Friable Procedure
<input type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE
ROOF				PARAPET MASTIC	2,900 SF	X		
ROOF				WALL MASTIC	1,160 SF	X		
ROOF				BLOCK PIPE SEALANT	10 SF	X		
3RD FLOOR				PIPE FITTINGS	5 LF	X		

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL
---	------------------------------------	----------------------------	---

City, State KEARNEY, NEW JERSEY	Disposal Date 11/13-13-10/15/2014	City, State MORRISVILLE, PA
------------------------------------	--------------------------------------	--------------------------------

Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 12/3/13
--	---------------------------------	---------------------------------	-----------------

State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 11 / 4 /13		Name of Building Owner/Operator (2) VERIZON C/O ESIS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address PO BOX 430	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code N. VERSAILLES, PA 15137	
		Name of Contact DAN PETROVAY	Telephone Number 412-373-6520

RECEIVED  
 2013 DEC -4 AM 4:55  
 ASBESTOS CONTROL  
 LICENSING

Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
---	--	--	--

Street Address 621 WILLIAM STREET		Square Feet 20,000	# of Floors 4	Bldg. Age 40
--------------------------------------	--	-----------------------	------------------	-----------------

City (5) EAST ORANGE	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) TELECOMMUNICATION
-------------------------	---------------------	-------------------------------------	--

Name of Monitoring Firm Hired by Building Owner (8) ESIS	ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
---	----------------	---

Street Address 10 EXCHANGE PLACE	Street Address 313 SPOOK ROCK ROAD
-------------------------------------	---------------------------------------

City, State, Zip Code JERSEY CITY, NEW JERSEY 07302	City, State, Zip Code SUFFERN, NEW YORK 10901
--	--

Project Manager for Monitoring Firm BRIAN KINGSBURY	Telephone Number 201-356-5166	Telephone Number	License Number 460
--	----------------------------------	------------------	-----------------------

Expected State Date (10) 11 / 13 /13	Sched. Completion Date (11) 10 / 31 /14	Monitor QUALITY ENVIRONMENTAL
---	--	----------------------------------


Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM	Street Address 1376 ROUTE 9
	City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo: H <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
---	--

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF				PARAPET MASTIC	2,900 SF	X			
ROOF				WALL MASTIC	1,160 SF	X			
ROOF				BLOCK PIPE SEALANT	10 SF	X			
3RD FLOOR				PIPE FITTINGS	5 LF	X			

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL
---	------------------------------------	----------------------------	---

City, State KEARNEY, NEW JERSEY	Disposal Date 11/13-13-10/15/2014	City, State MORRISVILLE, PA
------------------------------------	--------------------------------------	--------------------------------

Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/4/13
--	---------------------------------	--	-----------------

25310

State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED  
 2013 DEC -4 AM 4:56  
 ASBESTOS CONTROL  
 & LEAD TESTING

Date of Notification (1) 12 / 3 /13		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact MARY BETH BAKER	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number 732-594-3837	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 87		Square Feet 260	# of Floors 1	Bldg. Age 59
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number	License Number 460
Expected State Date (10) 12 / 14 /13		Sched. Completion Date (11) 2 / 30 /14		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)		Street Address 117 EAST 30TH STREET		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code NEW YORK, NEW YORK 10016		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:				
<input checked="" type="checkbox"/> Other - Describe: SATURDAY & SUNDAY 7AM-3:30PM				

Scope of Work (Check all that apply)		Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	Mini-Enclos.		
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure		
<input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE
BUILDING 87 ROOF	X			ROOF FLASHING	150 SF	X		

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 12/7/13-2/30/14			

Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 12/3/13
--	---------------------------------	---------------	-----------------