State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

			(Purs	uant to		-7 and 12:120-7			0-			
Date of Notification (1)						NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) VERIZON C/O ESIS Street Address PO BOX 430 City, State, Zip Code N. VERSAILLES, PA 15137						
12 / 3 /13					Street	Street Address						
Agencies Notified Type N	gencies Notified Type Notification								حدل .	-4	AM .	
EPA Ir	ition		(0.000000000000000000000000000000000000	State, Zip Code RSAILLES, PA	15137	45 SE	STO.	9,00	nu g Nili			
	n Hold				Name	of Contact		Telephone Num	ber	1:01	MG"	
DCA E	MERGEN	CY N	OTIF		and the second	PETROVAY		412-373-6520		-	•	
					ILITY INFO	RMATION						
Name of Facility Where Abatemen	t is Takin	g Plac	ce (3)				Type of Facility	30731300				
VERIZON								r 8 (Other than k rivate & commol		hom	es etc	
Street Address							Square Feet	# of Floors		Bldg. A		
Street Address 621 WILLIAM STREET							20,000	4	-	40	3-	
City (5) County (6)					Count	ty Code (7)	Current Use (Price	or if being demol	ished)		-	
	40 C 10 C				USE ONLY)	TELECOMMUNI	200	58				
Name of Monitoring Firm Hired by ESIS	Building	Own	er (8)			ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION				
Street Address				201			Street Address					
10 EXCHANGE PLACE							313 SPOOK ROCK ROAD					
City, State, Zip Code					12		City, State, Zip Code SUFFERN, NEW YORK 10901					
JERSEY CITY, NEW JERSEY 07302 Project Manager for Monitoring Firm Telephone Nur							Telephone Numb		ense Nu	umber		
BRIAN KINGSBURY 201-356-5166						_	.5	460				
Expected State Date (10)		Sche	d. Co	mplet	ion Date (1	1)	Name of OSHA					
12 / 4 /' Month Day Yea		10 nth	100 700	31 Day	/14 Year	QUALITY ENVIRONMENTAL						
Occupancy Status During Abatement (Check only one)							Street Address					
X Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours X Other - Describe: MONDAY - FRIDAY 7AM-3:30						e:	1376 ROUTE 9 City, State, Zip Code					
					14 martin (14 martin)	The second second		RS FALLS, NEV	N YOR	K 125	90	
Scope of Work (Check all that apply)		ı_					inment with Negati	ve Pressure				
Demolition >3SF OR LF		Reno	vation	ı		Mini Enclo X Glovebag	Procedure					
X >160 SF OR 260 LF	6						le Procedure	8				
Location of		Is	Locat	ion		Description of As	Asbestos- Abater				t Type	
Asbestos-containing			mally			ontaining Materia		Amount			四	
Material (ACM)			olely I	by		(ie. Thermal sys	stems	(Specify	REMO	REPAIR	ENCA	
TO BE ABATED Maint/						sulation, surfacio		SF or LF)	JAVAL	カ	PS	
in Facility (13)			taff (1			or other miscella	neous)		-		PSULE	
		Yes	INO	N/A					1	1	1	
ROOF			_		PARAPET	MASTIC		2,900 SF	X	\vdash	-	
ROOF					WALL MAS	STIC		1,160 SF	X		<u></u>	
ROOF					BLOCK PIR	PE SEALANT		10 SF	x			
3RD FLOOR					PIPE FITTI			5 LF	х			
									-	-	-	
		-	_	-	-				+	+	1	
			_				***	-	+	+		
		-		-					+			
Name of Registered Waste Hauler DJM TRANSPORT , LLC NJDEP Waste Hauler ID No. 26981				Cubic Yard	Cubic Yards of Waste Name of Registered Landfill GROWS LANDFILL							
City, State		-			Disposal D	ate	City, Style	1005-100				
KEARNEY, NEW JERSEY					11/13-13-1	0/15/2014	MOTORUSVILLE,			1		
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRECTOR OF OPERATION					Signature	XXX	Dat	te/2	13/	13		
BENJAMIN SANCHEZ	IDIRE	CTO	R OF	OPEF	RATIONS	1	1100		/	1	'/	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)												
Date of Notification (1)	1000	Name of Building Owner/Operator (2) VERIZON C/O ESIS										
11 / 4 /13	9	Street Address										
Agencies Notified Type Notifi	_	PO BOX 430										
EPA X Initia DEP Ame X DOL Cano	C	ATION OF ASBESTOS ABATEMENT to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) VERIZON C/O ESIS Street Address PO BOX 430 City, State, Zip Code N. VERSAILLES, PA 15137 Name of Contact DAN PETROVAY Telephone Number 412-373-6520 FACILITY INFORMATION										
X DOH On H		IOTIFICA		ame of Contact AN PETROVAY	Telephone Number 75 412-373-6520							
			FA	ACILITY INFORMA				77.5	11:	113	_	
Name of Facility Where Abatement is VERIZON	Taking Pla	ice (3)		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (ie. private & commol. bldgs., homes					nes.	etc.)	11	
Street Address	-					Square Feet # of Floors				Bldg. Age		
621 WILLIAM STREET			20,000	4				40				
EAST ORANGE ESS	EAST ORANGE ESSEX (S					NICATION	rior if being demolished)					
Name of Monitoring Firm Hired by Bi ESIS	uilding Own	ner (8)	72	ASCM No. 17	PAR ENVIRON	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address				¥ ,,	Street Address 313 SPOOK ROCK ROAD							
10 EXCHANGE PLACE City, State, Zip Code				. > -	Code							
JERSEY CIT	Y, NEW JE	RSEY 07	302		W YORK 10901							
Project Manager for Monitoring Firm	e Numbe	r .										
BRIAN KINGSBURY Expected State Date (10)	lecho	201-356- d. Comp	C. C	ho (44)	460 Monitor							
11 / 13 /13 Month Day Year		10 /	Day	31 /14 QUALITY ENVIRONMENTAL								
Occupancy Status During Abatement (X Facility Closed/Vacated Dur Abatement Performed Outs	batement Hours - D	Describe:										
X Other - Describe: MON Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	3:30 PM	M City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Full Containment with Negative Pressure Mini Enclot H X Glovebag Procedure X Non-Friable Procedure										
Location of	Is	Location		Description of A	sbestos-						Туре	
Asbestos-containing		nally used	4	Containing Mate		Amount	- R	R	E	E		
Material (ACM) TO BE ABATED		olely by t/Custodia		(ie. Thermal s insulation, surfa		(Specify SF or LF	10	REPAIR	I S	18	1	
in Facility (13)	1,000	taff (12)		or other miscel		0.012	′ ≱	"	ENCAPSULE	ENCLOSURE		
ROOF			PARAF	PET MASTIC		2,900 SF	х					
ROOF			WALL	MASTIC		1,160 SF	x					
ROOF			BLOCK	PIPE SEALANT		10 SF		0.0				
3RD FLOOR			PIPE F	TTTINGS		5 LF	х			_		
	+					-		-				
			1									
5 700												
		. 0	+			+	-	-	-	+		
Name of Registered Waste Hauler	Cubic Y	bic Yards of Waste Name of Registered Landfill										
Name of Registered Waste Hauler DJM TRANSPORT , LLC NJDEP Waste Hauler ID No. 26981				10 GROWS LANDFILL								
City, State		posal Date City, State										
KEARNEY, NEW JERSEY	11/13-1	3-10/15/2014	DOORISVILLE, PA									
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR	RATIONS	Signature	XX.)		Date •	11/	14	11.	3		

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

Date of Notification (1) 12 / 3 /13					Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Street Address							
					Street Address							
	e Notification			126 E	126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414							
EPA X DEP X DOL X DOH	RAHI	Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065 Name of Contact MARY BETH BAYER 732,594,3837										
DCA	EMERGEN	CY NOT		ON MAR	Y BETH BAKER		732-594-3837	7		_1		
Name of Facility Where Abate		g Place (JLITY INFO	RMATION		# 100 Mary 1971		., homes,	, etc.		
Street Address		<u></u>			II II TOO WALL	Square Feet	# of Floors		3ldg. Age 59			
126 EAST LINCOLN AVENUE -						260	1	39	—			
City (5) RAHWAY	County (6)				ty Code (7) E USE ONLY)	VACANT	rior if being dem	olisnea)				
Name of Monitoring Firm Hire ENVIRONMETAL HEALTH INV	d by Building		8)	,	ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 655 WEST SHORE TRAIL						Street Address 313 SPOOK R						
City, State, Zip Code		City, State, Zip Code SUFFERN, NEW YORK 10901										
Project Manager for Monitoring F				Number		Telephone Nur	none Number License Number					
WILLIAM S. KERBEL, CIH			3-729-56			년 : : : : : : : : : : : : : : : : : : :	460					
Expected State Date (10)	40	Sched.		tion Date (1	10000000	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480						
12 / 14 Month Day	/13 Year	Month	2 /	30 Day	Year	AMERISCI LA	BORATORIES I	INC	#1140	20		
Occupancy Status During Abate X Facility Closed/Vaca Abatement Performe X Other - Describe:	ted During Ent of Outside of N SATURDA		Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 All Containment with Negative Pressure									
Scope of Work (Check all that approximation X Demolition >3SF OR LF >160 SF OR 26	O LF	Renovati	on		Mini-Enck		ative Pressure		5			
Location of		Is Loc	ation		Description of As	sbestos-	tement T	уре				
Asbestos-containin	g	normal	•		Containing Materi	100	Amount	곱	R E	2		
Material (ACM) TO BE ABATED in Facility (13)		sole Maint/C Staff Yes INc	ustodial (12)	i.	(ie. Thermal sy nsulation, surfaci or other miscella	ng, VAT, SF or L		REMOVAL	REPAIR	2001		
BUILDING 87 ROOF		X	TO A	ROOF FLA	ASHING		150 SF	х				
										4		
								\pm		\exists		
Name of Registered Waste Hau	ler	NJDEP		Cubic Yard	is of Waste	Name of Regis		IDCE M	ANAGEN	AENIT		
FREEHOLD CARTAGE, INC. Hauler ID No. 825 HIGHWAY 33 15939					10		OUNTY RESOL DER DRIVE/RO		NAGEN	ILIN I		
FREEHOLD, NEW JERSEY 1					ate 30/14	MONTGOME		\	1			
Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATION					Signature	5/5/		Date / Z	13	ا		