CK 23 473 P.	A	M) NO	TIFICATION	tate of New Jers N OF ASBESTO NJAC 8:60-7 a	SABATEMENT	1.46	- +	2 (2)	F 1	M
Date of Notification (1)			Nan		Owner/Operator (2	2)	14.	= 157	15.1	
1 / 31 /19			Stre	et Address			211			
Agencies Notified Type Notificatio	n		126	E. LINCOLN AV	ENUE, P.O. BOX	2000, RY28-414		FEB	6	2019
X DOL Cancellati X DOH On Hold	Notifi on	cation #10	RAH	State, Zip Code WAY, NEW JE		Telephone Nur	mber	Marin Company		
DCA EMERGE	NCY I	NOTIFICAT	27 A SA	RICIA JOHNSO		732-594-7746		Set .	7,	NAMES OF STREET OF STREET
Name of Facility Where Abatement is Takin	na Pla	ice (3)	FAC	ILITY INFORMA	TION Type of Facility	. (4)	477			
MERCK SHARP & DOHME CORPORATION		(0)			School (K Subchapt	-12) er 8 (Other than I	<-12)			
Street Address					X Other (ie. Square Feet	private & commo	l. bldgs		etc.) Bldg. Age)
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RAHWAY UNION	5.0			nty Code (7) E USE ONLY)	Commercial	ior if being demo	lished)			
Name of Monitoring Firm Hired by Building ENVIRONMETAL HEALTH INVESTIGATION				ASCM No.	Name of Abate	ment Contracto	r (9)			
Street Address	S, INC	J.		17	PAR ENVIRON Street Address	MENTAL CORPO	DRATIC	N		
655 WEST SHORE TRAIL					313 SPOOK RO					
City, State, Zip Code SPARTA, NEV	/ JER	SFY 07871			City, State, Zip (SUFFERN, NEV					
Project Manager for Monitoring Firm	-	Telephone	Number		Telephone Num		ense Nu	umber		
WILLIAM S. KERBEL, CIH	Ta :	973-729-5			845-369-7500	460)			
Expected State Date (10)	Sch	ed. Comple 6 /	tion Date (1 30		Name of OSHA	Monitor ORATORIES INC	,	#11480	Y	
Month Day Year	M	onth	Day	Year		ONATONIES INC	_	#11400	,	
Occupancy Status During Abatement (Check X Facility Closed/Vacated During En	tire P	eriod of Aba	tement		Street Address 117 EAST 30TH	STREET				
Abatement Performed Outside of	Norma	al Facility Ho	ours - Descri	be:		1800CV.110.2.27 PROTELTO				
X Other - Describe: SATURDA	Y /AI	и-5РМ			City, State, Zip (Code NEW YORK,	NEW	YORK 100	116	
Scope of Work (Check all that apply)	1-				ainment with Nega			-		A VACUUM
Demolition X >3SF OR LF	Hend	ovation		Mini-Encl Glovebac	os, Procedure					
>160 SF OR 260 LF	_				ole Procedure					
Location of Asbestos-containing		Location mally used		Description of A Containing Mater	sbestos-				tement T	уре
Material (ACM)	10000	solely by	"	ie. Thermal sy	rai (ACIVI) vstems	Amount (Specify	CONTROL	ENCAPSUL REPAIR	ENCLOSUR	
TO BE ABATED	Mair	nt/Custodial	ir	nsulation, surfac	ing, VAT,	SF or LF)	AT ST	AP AP	19	
in Facility (13)	Yes	No N/A		or other miscella	aneous)		2	SUL	SUR	
3RD FLOOR ROOM 305	103	X	FIRE PRO	OFING DUST		10 SF	X		COMP	PIETE
3RD FLOOR ROOM 303		X	FIRE PRO	OFING DUST		10 SF	Х		COMF	
3RD FLOOR ROOM 304		X		OFING DUST		10 SF	Х		COMP	LETE
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3RD FLOOR ROOM 321		x x		OFING DUST		10 SF 10 SF	X		COMP	
3RD FLOOR ROOM 323		X		OFING DUST		10 SF	X		COMP	
3RD FLOOR ROOM 325		X		OFING DUST		10 SF	Х		COMP	
3RD FLOOR ROOM 326		X		OFING DUST		10 SF	Х		COMP	
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6TH FLOOR ROOM 614		X		OFING DUST		10 SF	X		COMP	
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4TH FLOOR ROOM 405		X		DFING DUST		10 SF	Х		COMP	
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7TH FLOOR ROOM 722		X	-	OFING DUST		10 SF	X		COMP	
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6TH FLOOR ROOM 621 Name of Registered Waste Hauler	NIDE	X P Waste		FING DUST	Nome of D	10 SF	Х			
FREEHOLD CARTAGE, INC.		er ID No.	Cubic Yards	55 of Waste	Name of Registe LYCOMING COL		E MAN	IAGEMEN	IT SERV	ICES
825 HIGHWAY 33 City, State		15939	Di		447 ALEXANDER	R DRIVE/ROUTE	15		50117	
FREEHOLD, NEW JERSEY			Disposal Da 11/01-6/30/		City, State MONTGOMERY	PA 17752				
Completed by (Print or Type) Title				Signature	1///	Date	18			
Brigania Sendez Di	100	or of	Opens	tions	FX			1-	3/-	-19

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

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Date of Notification (1)				MER	RCK SHARP	& DOI	ner/Operator (2 HME CORP.	-,				E	(1)	F	II II
1 / 22 /19					et Address		100000000000000000000000000000000000000			10		1	lle	15	11 /
Agencies Notified Type Notification	ion					AVEN	IUE, P.O. BOX	2000 BY2	8-414						
EPA Initial N	otificati	on			State, Zip Co		,	2000,1112	0 414		115				
DEP x Amende	ed Notif	fication #9	ř.	RAH	WAY, NEW	JERSI	EY 07065				1		FEB		6 20
X DOL Cancell											· 1				0 40
		NOTIFICA	TION	# 3000 Persons	e of Contact	2011			ne Numb	er	1				
	LINOT	NOTIFICA	TION		RICIA JOHNS			732-594-	-7746		ť.	Automatic A		1 ***	
Name of Facility Where Abatement is Tal	king Pl	ace (3)		FACI	LITY INFORM		N Type of Facility	. / 4\				2000		g 19	1 1 1
		(0)				1	School (K					1 52			- Company
MERCK SHARP & DOHME CORPORATION	N					ı		er 8 (Other	than K-1	2)					
Street Address							X Other (ie.	private & c	ommel. E	د) اldas	s ho	mes	etc.)		
126 EAST LINCOLN AVENUE - BUILDING	33						Square Feet	# of F	loors	- 0			Bldg. A	ge	7000000
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RAHWAY			15	TATE	ty Code (7) E USE ONLY	,	Current Use (Pr	ior if being	demolish	ed)					
Name of Monitoring Firm Hired by Buildi	ng Ow	ner (8)	1 (-		ASCM No		Name of Abate	ment Cont	rantor (C	1)	_		_		
ENVIRONMETAL HEALTH INVESTIGATION	NS, IN	C.			17	F	PAR ENVIRON	MENTAL C	ORPOR	Y ATIO	ON				
Street Address 655 WEST SHORE TRAIL						18	Street Address								
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Project Manager for Monitoring Firm		Telephor		er		17	SUFFERN, NEV elephone Num	her	Licens	o Ni					
WILLIAM S. KERBEL, CIH	LIAM S. KERBEL, CIH 973-729-56						45-369-7500	DEI	460	e M	Jmbe	r			
Expected State Date (10)	ted State Date (10) Sched. Complet						lame of OSHA	Monitor	400	_					
	11 / 1 /18 6 /						MERISCI LAB		S INC		#1	1480			
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X Facility Closed/Vacated During F	ntire P	eriod of Ah	atement				Street Address	CTOCCT							
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X Other - Describe: SATURE	AY 7A	M-5PM				C	ity, State, Zip C	ode		-					
Scope of Work (Check all that apply)				-				NEW Y	ORK, NE						
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X >3SF OR LF		ovation		H			ocedure								
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Location of		Location			Description of							Abate	ement	Type	7
Asbestos-containing Material (ACM)		rmally used			ontaining Mate			Amou	unt c	20	R			7,70	
TO BE ABATED	Mai	solely by nt/Custodia	.	144	(ie. Thermal	syster	ms	(Spec	ify	S	ĘP/	Ó	Į į		
in Facility (13)		Staff (12)	1	ins	sulation, surfa or other misce	acing,	VAT,	SF or I	LF)	7	REPAIR	ENCAPSUL	00		
		No N/A	1		or other misce	manec	ous)		}	-		Ë	ENCLOSUR		
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3RD FLOOR ROO, 332	+	X			FING DUST			10 SF	X						
6TH FLOOR ROOM 614	+	x			FING DUST			10 SF	X						
2ND FLOOR ROOM 227	+	<u> </u>			FING DUST			10 SF	X	_			_		
4TH FLOOR ROOM 405	+	X			FING DUST			10 SF	X	-					
4TH FLOOR ROOM 426		X			FING DUST			10 SF	X	-	-	_	-		
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7TH FLOOR ROOM 724		X			FING DUST	_		10 SF	X	+		-	-		
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825 HIGHWAY 33		15939			55	LY	COMING COU	NTY RESO	URCE N	IAN,	AGEN	NENT	SER	VICES	S
City, State			Disposa	al Date	9	Cit	7 ALEXANDER y, State		JUIE 15						
FREEHOLD, NEW JERSEY Completed by (Print or Type) Title			11/01-6	/30/19	9	MC	MIGOMERY,	PA 17752							1 -
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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. 17 /19 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Initial Notification City, State, Zip Code DEP Amended Notification #8 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA Pr. **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 126 EAST LINCOLN AVENUE - BUILDING 33 Bldg. Age 98.230 7 City (5) County (6) Current Use (Prior if being demolished) County Code (7) RAHWAY UNION (STATE USE ONLY) COMMERCIÁL 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 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 / /18 6/ 30 /19 AMERISCI LABORATORIES INC #11480 Month Day Year 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 X WET WIPE HEPA VACUUM X Renovation Demolition 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 CONTROL REPAIR ENCAPSUL ENCLOSUR 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 3RD FLOOR ROOM 305 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 319 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 320 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 321 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 323 FIRE PROOFING DUST X 10 SF X 3RD FLOOR ROOM 325 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 326 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROO, 332 FIRE PROOFING DUST X 10 SF 6TH FLOOR ROOM 614 FIRE PROOFING DUST 10 SF 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF 4TH FLOOR ROOM 405 FIRE PROOFING DUST 10 SF X 4TH FLOOR ROOM 426 FIRE PROOFING DUST 10 SF X 6TH FLOOR ROOM 627 FIRE PROOFING DUST X 10 SF X 7TH FLOOR ROOM 724 X FIRE PROOFING DUST 10 SF X 4TH FLOOR ROOM 405 X FIRE PROOFING DUST 10 SF lχ 4TH FLOOR ROOM 426 X FIRE PROOFING DUST 10 SF X 6TH FLOOR ROOM 627 X FIRE PROOFING DUST 10 SF 7TH FLOOR ROOM 724 FIRE PROOFING DUST 10 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

Date

447 ANDER DRIVE/ROUTE 15

PA 17752

City, State (

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

Hauler ID No.

Title

15939

DIRECTOR OF OPERATIONS

Disposal Date

11/01-6/30/19

Signature

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 Initial Notification City, State, Zip Code DEP Amended Notification #7 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 & commol. 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 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ 6/ 30 /19 AMERISCI LABORATORIES INC. #11480 Day Year Month 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 1 5 Scope of Work (Check all that apply) Full Containment with Negative Pressure X WET WIPE HEPA VACUUM Demolition Renovation Mini-Enclos. SSF 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 CONTROL REPAIR ENCAPSU Material (ACM) ENCLOSUR 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 X 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 319 FIRE PROOFING DUST X 10 SF Ix 3RD FLOOR ROOM 320 FIRE PROOFING DUST X 10 SF X 3RD FLOOR ROOM 321 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 323 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 325 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 326 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 327 FIRE PROOFING DUST 10 SF 3RD FLOOR ROO, 332 X FIRE PROOFING DUST 10 SF 6TH FLOOR ROOM 614 FIRE PROOFING DUST 10 SF X 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X ADDITION TO SCOPE 4TH FLOOR ROOM 405 lχ FIRE PROOFING DUST 10 SF X 4TH FLOOR ROOM 426 FIRE PROOFING DUST X 10 SF X 6TH FLOOR ROOM 627 lχ FIRE PROOFING DUST 10 SF X 7TH FLOOR ROOM, 724 1x FIRE PROOFING DUST 10 SF 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 15939 44Z ALEXANDER DRIVE/ROUTE 15 City. State it). Sale / ON GOMERY , PA 17752 Disposal Date FREEHOLD. NEW JERSEY 11/01-6/30/19 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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		_			CILITY INFORMA		732-594-7746	<u> </u>					
Name of Facility Where Abatement is T	aking F	Place ((3)	170	TELL LINEORINA	Type of Facili	ity (A)						
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MERCK SHARP & DOHME CORPORATI	ION					Subchap	oter 8 (Other than	K-12)					
Street Address						X Other (ie	e. private & comm	ncl. bld	gs., h	omes,	etc.)		
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655 WEST SHORE TRAIL						Street Address 313 SPOOK R							
City, State, Zip Code	-1		y syrosyn			City, State, Zip			_				
SPARTA, NE Project Manager for Monitoring Firm	-W JEF					SUFFERN, NE	W YORK 10901						
WILLIAM S. KERBEL, CIH				e Number		Telephone Nur	nber Lic	ense N	Numbe	er			
Expected State Date (10)	Sch		729-5	etion Date (44)	845-369-7500	460	0					
11 / 1 /18	00.		5 /	30		Name of OSHA	A Monitor BORATORIES IN						
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X Facility Closed/Vacated During	Ck only	one)	of 14			Street Address			_				$\overline{}$
Abatement Performed Outside	of Norn	nal Fac	oi Ab	atement Jours - Desc	ribo:	117 EAST 30T	H STREET						
X Other - Describe: SATURI	DAY 7A	M-5PN	vi Vi	10013 - D630	iibe.	City, State, Zip	Codo						
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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. 11 21 /18 Street Address Agencies Notified 2019 Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City. State, Zip Code DEP Amended Notification #5 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 (STATE USE ONLY) UNION COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. 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 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6 / 30 /19 AMERISCI LABORATORIES INC #11480 Month Day Year Month 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 & SUNDAY 7AM-3PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure X WET WIPE HEPA VACUUM 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 CONTROL ENCAPSUL ENCLOSUR 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 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 319 IX FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 320 FIRE PROOFING DUST X 10 SF X 3RD FLOOR ROOM 321 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 323 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 325 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 326 FIRE PROOFING DUST X 10 SF X 3RD FLOOR RUJIM 327 FIRE PROOFING DUST 10 SF 3RD FLOOR ROO, 332 X FIRE PROOFING DUST 10 SF 6TH FLOOR ROOM 614 FIRE PROOFING DUST X 10 SF lχ ADDITION TO SCOPE: 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF 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 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date Gity: State) MONFGOMERY , PA 17752 FREEHOLD, NEW JERSEY 11/01-6/30/19 Completed by (Print or Type) Signature

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

Date

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

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WILLIAM S. KERBEL, CIH	IAM S. KERBEL, CIH 973-729-5					845-369-7500	460						
Expected State Date (10)						Name of OSHA							
11 / 1 /18		6 /	30)	/19	AMERISCI LABO	DRATORIES INC		#11	480			
Month Day Year Occupancy Status During Abatement (Check of	Mon		Day		Year	Street Address		_	_				-
X Facility Closed/Vacated During Ent	ire Peri	iod of Abat	ement			117 EAST 30TH	STREET						
Abatement Performed Outside of N	Vormal	Facility Ho	urs - Descr	ibe:									
X Other - Describe: MONDAY -	FRIDA	Y 6PM-1:3				City, State, Zip C				8.22			
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Date of Notification (1)					-7 and 12:12	20-/)				4 4		
Date Of Notification (1)				Name of Buildi	og Owner/O	perator (2)	-	-	+ 1		
				MERCK SHARE	& DOHME	CORP.	-,				FF	n -
11 / 2 /18				Street Address							FE	g 6
Agencies Notified Type Notifie	cation			126 E. LINCOLN	AVENUE	PO BOY	0000 5000					
EPA Initial	Notificat	ion		City, State, Zip C		.O. BUX	2000, HY28-4	14			N.,	
DEP x Amer	nded Noti	fication #	3	RAHWAY, NEW	ode	7005				₹ ² :	1	
Canc	ellation			I WAT, NEW	JEHSEY U/	065						
				Name of Contact		-	ITolophone				695 (1)	deviated.
EMER	RGENCY	NOTIFICA	NOITA	PATRICIA JOHN	SON		Telephone N 732-594-774		ji			100000000000000000000000000000000000000
Name of Facility Where Abatement is 1				FACILITY INFOR			1.02.004.774	<u> </u>				
Name of Facility where Abatement is 1	aking Pl	ace (3)				of Facility	/ (A)					
MERCK SHARP & DOHME CORPORAT	ION					School (K	-12)					
	ION					Subchapte	er 8 (Other than	K-12)				
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HAMVVAY	d		1 0	County Code (7) STATE USE ONLY	Curren	t Use (Pr	or if being dem	olished	d)		1777	
Name of Monitoring Firm Hired by Build	ding Ow	ner (8)	1	ASCM N) COMM	MERCIAL						
ENVIRONMETAL HEALTH INVESTIGAT Street Address	IONS, IN	C. `		17	DAR E	Of Abate	ment Contract	or (9)				
655 WEST SHORE TRAIL					Street	Address	MENTAL COR	ORAT	TION			
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SPARTA, N	051/ 05			City, St	tate, Zip C	ontroad						
Project Manager for Monitoring Firm	IEW JEH				SUFFE	RN, NEW	/ YORK 10901					
WILLIAM S. KERBEL, CIH		Telepho		er	Telepho	one Numb		cense I	Numb	er		
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11 / 1 /18	Scn	ed. Comp	letion Da		Name o	of OSHA	Monitor		-		_	
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Agencies Notified Type Notific	ation		-			ENUE DO DOY	0000 51400		1.	FE	.D	6 2019
	Notificat	lan				ENUE, P.O. BOX	2000, RY28-414	1 6				
- Interest	ded Not		#2	City, Sta	ate, Zip Code	2057 0200		19	1.0	Marin III		
	lation	incation	#2	I NATIVE	AY, NEW JE	RSEY 07065						
X DOH On Ho				Name of	f Contact		Tolophone N.					
DCA EMER	GENCY	NOTIF	CAT		IA JOHNSO	N	Telephone Nu 732-594-7746			-74.5 F		A 17
					Y INFORMA		702-334-7740					
Name of Facility Where Abatement is T	aking P	lace (3)	TAGIETT	I IN ONWA	Type of Facilit	v (4)		1000			
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City (5) Count RAHWAY UNION				County (Code (7)	Current Use (P	rior if being demo	olished)				
Name of Monitoring Firm Hired by Build	lina Ou	ma= (0)		(STATE U		COMMERCIAL						
ENVIRONMETAL HEALTH INVESTIGAT	ONS IN	ner (8)			ASCM No.	Name of Abate	ment Contracto	or (9)				
Street Address	0110, 11	10.			17		MENTAL CORP	ORATIO	NC			
655 WEST SHORE TRAIL						Street Address	201/ 2012					
City, State, Zip Code						313 SPOOK RO						
SPARTA, N	EW JE	RSEY	7871			SUFFERN, NE	M VORK 10001					
Project Manager for Monitoring Firm				e Number		Telephone Num		ense Ni	ımbar			
WILLIAM S. KERBEL, CIH		973-	729-5	649		845-369-7500	46		ninei			
Expected State Date (10)	Sci			etion Date (11)		Name of OSHA		0		-	The same	
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Abatement Performed Outside	of Norm	al Faci	lity H	urs - Describe		117 EAST 30TH	STREET					
X Other - Describe: MOND	AY - FRI	DAY SE	DAM-1	30 AM		City, State, Zip (Cada					
SATUE	AY 7AN	1-5 PM	,	007111		City, State, Zip (NEW YORK	NEW/	ODV	10010		
Scope of Work (Check all that apply)			5		Full Conta	inment with Nega	tive Pressure				IEDA V	ACUUM
Demolition	Ren	ovation	10		Mini-Enclo	۱٤,	11011033416		IMEL	VVIPER	TEPA V	ACUUM
X >3SF OR LF >160 SF OR 260 LF					Glovebag	Procedure						
						e Procedure		0.00				
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BRD FLOOR ROOM 326	_	_		FIRE PROOFIN			10 SF	X	6		3/5/	
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BRD FLOOR ROO, 332	-	_	X	FIRE PROOFIN			10 SF	X				
TH FLOOR ROOM 614	-	-	X	FIRE PROOFIN			10 SF	X				
ADDITION TO SCOPE:	-	_		FIRE PROOFIN	G DUST		10 SF	X				
ND FLOOR ROOM 227	-		X									
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lame of Registered Waste Hauler	N. 15			0 11 11								
REEHOLD CARTAGE, INC.		EP Was		Cubic Yards of V	Vaste	Name of Register	red Landfill					
25 HIGHWAY 33	naui	15939	J.	50		LYCOMING COL	NTY RESOURCE	E MAN	AGEM	ENT SE	RVICE	S
City, State		10000	-	Disposal Date		447 ALEXANDER	NHIVE/ROUTE	: 15	-			
REEHOLD, NEW JERSEY				11/01-6/30/19		City, State / MONT DOMERY	PA 17752			1	,	
completed by (Print or Type)				ISigna	ature /		Date		, ,	1	111	7
ENJAMIN SANCHEZ DIE	RECTOR	OFO	PERA	ATIONS	1	NX)	/	1/	1	111	

Country Code (7) Country Cod	
10 31 718	- H
Agencies Notified	
City State Zip Code RAHWAY, NEW JERSEY 07065	0 0
DEP X	6 20
Name of Contact	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION Street Address 126 EAST LINCOLN AVENUE - BUILDING 33 City (5) Name of Monitoring Firm Hired by Building Owner (8) ESTIVIROMETAL HEALTH INVESTIGATIONS, INC. Street Address 170 Street Address 171 Street Address 172 SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH Estapeted State Date (10) 171 Abatement Check only one) Abatement Check only one) Abatement Check only one) Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Hours - Performed Outside of Normal Facility Hours - Describe: Abatement Hours - Performed Outside of Normal Facility Hours - Describe: Abatement	
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Street Address County Code (7) County (6) County	
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126 EAST LINCOLN AVENUE - BUILDING 33 98,230 7 71	
City (5)	е
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.	
Street Address Stre	
Street Address	
City, State, Zip Code	
Project Manager for Monitoring Firm	
WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 460	
Expected State Date (10) 11 / 18	
Month Day Year Month Day Year Month Day Year AMERISCI LABORATORIES INC #11480	
Month Day Year Month Day Year Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Demolition X >3SF OR LF >150 SF OR 260 LF Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) TO BE ABATED Maint/Custodial in Facility (13) Staff (12) Yes No N/A SRD FLOOR ROOM 305 SRD FLOOR ROOM 304 X FIRE PROOFING DUST SRD FLOOR ROOM 319 SRD FLOOR ROOM 319 SRD FLOOR ROOM 319 SRD FLOOR ROOM 320 X FIRE PROOFING DUST Street Address 117 EAST 30TH STREET Street Address 117 EAST 30TH STREET Street Address 117 EAST 30TH STREET Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK 10016 NEW Y	
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3RD FLOOR ROOM 327	
3RD FLOOR ROO, 332 X FIRE PROOFING DUST 10 SF X	
6TH FLOOR ROOM 614 X FIRE PROOFING DUST 10 SF X	
ADDITION TO SCOPE: X	
2ND FLOOR ROOM 227 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. 50 LYCOMING COUNTY RESOURCE MANAGEMENT SEP 47 ALEXANDER DRIVERDOLLE AS	/ICES
1990 1997 AGENANDER DRIVE/RUUTE 15	
FREEHOLD, NEW JERSEY 11/01-6/30/19	
Completed by (Print or Type) Title BENJAMIN SANCHEZ Date Director of Operations Signature Date	

				(Pursuant t	o NJAC	8:60-7 a	nd 12:120-7)		1 - 2	1.000		Wellerbary	
Date of Notification (1)				Na	me of B	uilding (Owner/Operator DOHME CORP.	(2)	-1.	71		f,	FIN
10 / 22 /18							DOTIVIE CORP.		115	W.	N was eve		
Agencies Notified Type Notifica	ation				eet Addr		/ENUE DO DO		111	- 11			2
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X DOH On Ho					ne of Co			Telephone Nu	umber	- 1-	***		
EMER	GENCY	NOI	IFICA			IOHNSO		732-594-7746					
Name of Facility Where Abatement is T	aking E	Diago	/2\	FAC	ILITY IN	FORMA				10.00	E.		
The result of th	akiliy r	lace	(3)		.0*		Type of Facili						
MERCK SHARP & DOHME CORPORAT	ION						School (~				
							X Other (ie	ter 8 (Other than private & comm	K-12)				
Street Address 126 EAST LINCOLN AVENUE - BUILDIN							Square Feet	# of Floors	ICI. DIQ	gs., n		etc.)	70
011 (5)							98,230	7				71	ge
RAHWAY UNION					nty Cod		Current Use (F	rior if being dem	olished	j)		25.00	
Name of Monitoring Firm Hired by Build	ding Ou	vner l	81	(STAT	E USE (COMMERCIAL			88 			
ENVIRONMETAL HEALTH INVESTIGAT	IONS, II	NC.	0)			CM No. 17	PAR ENVIROR	ement Contracto	or (9)				
Street Address							Street Address	WILLIAL CORP	URAI	ION			
655 WEST SHORE TRAIL City, State, Zip Code							313 SPOOK R						
	SPARTA, NEW JERSEY 0						City, State, Zip	Code					
Project Manager for Monitoring Firm								W YORK 10901					
WILLIAM S. KERBEL, CIH				5649			Telephone Nur 845-369-7500		ense N	Numbe	er		
Expected State Date (10)	Sch			letion Date (11)		Name of OSHA	Monitor 460)				
11 / 1 /18 Month Day Year	0.000		6 /	30			AMERISCI LAE	BORATORIES IN	C	#	11480		
Month Day Year Occupancy Status During Abatement (Che	ck only	lonth		Day		Year							
X Facility Closed/Vacated During	Entire I	Perior	of A	hatement			Street Address					1350	
Abatement Performed Outside	of Norm	nal Fa	cility	Hours - Desc	ribe:		117 EAST 30TI	STREET					
X Other - Describe: MONDA	Y - FRI	DAY	6PM-	1:30 AM			City, State, Zip	Code					
Scope of Work (Check all that apply)			5					NEW YORK	NEW	YOR	K 100	16	
Demolition	Ren	ovatio	n		FI	ull Conta ini-Enclo	inment with Nega	ative Pressure	X	WE	T WIF	E HE	PA VACUUM
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BRD FLOOR ROOM 321	_		X	FIRE PROC				10 SF	X				
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RD FLOOR ROOM 325	_		Х	FIRE PROC	FING D	UST		10 SF	X	-			
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TH FLOOR ROOM 614			X	FIRE PROC				10 SF	X				
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ompleted by (Print or Type) Title				11/01-6/30/1		/	MONTGOMERY					1	1
		OF	OPER	RATIONS	Signature	1/	7/2/	Date		10	0/	2	H18

PAM

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



	AAAAA		*		1 10 NOAC 8.80	1	* **	[]	C	B	11.77	722
Date of Notification (1)	2-2-19			Name	of Building Owne	er/Qperator)	(2) (a/o	Contro		1	Ti	ica i
Agencies Notified	Type Notification			Street	Address	362	Cass	AFEI	,	6 2	019	and the same
DEP DOL	Initial Amended Amendment	#		City, St	ate, Zip Code	7 4	Carti	AL C	700	12	- 10	- 1
DOH :	☐ Emergency (in justification) ☐ Cancellation	ncluding	9	Name	of Contact	Mage	water	Telephone Nu	mber	Ο _γ 	000	20
				FAC	LITY INFORMA	TION		1908 6	95	OX	03	54
Name of Facility Where		Place (-				Type of Facility	(4)		-0.		
Street Address	e tami	14	Di	We //	ing		Other (i.e.	-12) er 8 (Other than K-1 private & commerc	2) ial bui	ldings	, hom	ies,
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County (6)	servile	14	7	County	Code (7)		Current Use (Pi	rior if being demolis	hed)	_/	0+	
Name of Monitoring Firm	PERSE +	wner (8			M No. &	Name o	f Abatement Co	entractor (9)				
II W. D. AND H.	chnole	- 0			N/A	E	<u> </u>	chnole	ie	S	Ir	16
P.O. 1	30x 33	37				Street A	0. Box	337	ð			
City, State, Zip Code	tave.	N	5	08	533	City Sta	ate, Zip Code	TUN tar	0	8	53	3
Project Manager for Moo	ing firm	1		Telepho	ne No. 758-3365	The state of the s	ne No. 58-33	License N	lo.	20	U	
Start Date (10)	4 4 40 40 40 40 4	-	ed Con	npletion	Date (11)	Name of	OSHA Monitor				-	-
Occupancy Status During	Abatement (Check	Only Or	ne)	5-1	7	Street A	ddress	hnologies	I	nc		
Facility Closed/Vaca	ated During Entire Pe	eriod of	Abatem	nent		P.	O . Box te, Zip Code	337				
Other – Describe: _		in aunt	y 1 10u13				u Equat	LL	785	5.3	3	7
Scope of Work (Check Al	li That Apply)						0 (8		20-			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	3		Renova: Demoliti				Mini-Enclosur Glovebag Pro					
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TO BE ABA In Facilit (13)	TED	Cus	intenar todial S (12)	Staff?	(i.e. therm surf	al systems in acing, VAT, miscellaneo	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
2000	_6	Yes	No	,N/A	P	- 1	i .	1	-		Φ.	
Basemen	-	X			T.pc_	Insula	ation	100 LF	X			
Name of Registered Wast	te Hauler		N.	JDEP W	aste Cubi	c Yards	Name of	Registered Landfill				
EPC Tecl	hnologies	<u> </u>	Ha	auler ID 1700		aste 2	Wast	e Manager	neni	101	s P	A
City, State New Eq	1 tav	J	N		Disp.	osal Date - 15-1	City, Stat	e	A			
Steve Scher	Kee	Title Pre	side	ent		Signature	Sol.	Da	te	-2	-10	ì

In Facility (13)		Intenta todial 8 (12)		(1.0	eurfecing, VA other misceller	e arauta(T, or	gn.	(Specify SF or LF)	Removal	Ropak	ecepado	A FREDON'S
*	Yes	No	NEA			<i>*</i>					R	
Basement Furnace Alea	X			Pi	ae Insu	lati	0 ^	20 LF	À			
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Name of Registered Waste Hauter EPC Technologies)		LIDEP V laular ID		Cubic Yards of Waste	1	Wast	Rogistored Landill		f o	e f	>4
Oity, State			- Alberta de la Constitución de	1	Disposal Date		City, Stat	8 4	A			

President

Mornisville

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Sherie

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

ALL ICIDO	200			OF ASBES			NT	and a discountry	ate-minimum.	mpataa	Reference of	State of	V., .	
CKMOD PAUL		(P	ursuant	to NJAC 8:6	30 and 12	2:120)	1.5				W			
Date of Notification (1) 01-31-19				of Building Own)				i int	1100	Til	-
Agencies Notified Type Notification				Address			11		FEB	6	201	9	1110	511
EPA Initial				/illow St. Si		1	1	1	2 - 27224. 					5
DEP Amended Amendment				ate, Zip Code clair, NJ 07				Free	4.00		· de la ca		i.	÷
Emergency (justification)	including	1	Name o	of Contact				Tel	ephone	Num	ber			
DCA Cancellation			Patric	k Mulroe					73) 783					
Name of Facility Where Abatement is Taking	Dlace /	2)	FAC	ILITY INFOR	MATION			(4)						
Private Home	, Flace (3)					ype of Facility							
Street Address							School (K-	8 (Oth						
							Other (i.e. petc.)	orivate a	& comm	ercial	build	lings,	home	es,
City (5) Montclair						S	quare Feet	# 01	f Floors		В	ldg. A	ge	
County (6) Essex				Code (7) USE ONLY)		С	urrent Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building C	Wner (8)	ASC	M No.	N	ame of	Abatement Co	ntractor	(9)					_
N/A							Contracting L	LC.			500		- 4	
Street Address					100	treet Ad 522 7th	0.000							
City, State, Zip Code							e, Zip Code	7						
Project Manager for Monitoring Firm			Telepho	ne No		elephon	City NJ 0708	57	Licens	o No			15	
			генерно	ine No.	- 1	1117	6-9603		Licens 01206					
Start Date (10) 02-11-19	Schedul 02-15-		npletion	Date (11)	1000		OSHA Monitor Contracting L	10						
Occupancy Status During Abatement (Check						treet Ad		.LO						
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent		5	22 7th	St.							
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	3				e, Zip Code City NJ 0708	27						
Scope of Work (Check All That Apply)		=1=====				THOIT	only No 0700) (
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				r	Full Containm		Negativ	e Pre	essur	е		
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	Τ.		200				Non-Exempte	d (*) and	d Non-F	riable		ALCOHOLDS	e ment	
Location of		Locati Normal	ly		Descri	ption of							ре	
Asbestos-Containing Material (ACM)		ed Sole			Containi	ing Mate	erial (ACM)		mount		34140		ш	_
TO BE ABATED In Facility		todial S			ermal sys surfacing				pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(12)		ot	her misc	ellaneo	us)				oval	oair	sula	Sure
	Yes	No	N/A										fe	
1st floor / Storage Room		Х		F	Pipe Ins	sulatio	n	1	8 LF		X			
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Name of Registered Waste Hauler		N	JDEP W	laste I c	ubic Yar	rde	Name of	Pagisto	red I as	dfill				
Delfa Contracting LLC		100000	auler ID	No. of	f Waste	us	Tullytov	7			cove	ry F	acilit	y
City, State Union City, NJ			0024	7700	isposal D		City, Stat	e				- 5		T.63
Completed by	Title				02-18-		Tullytov	vn, PA	١	<u> </u>				
Jaime Delgado	100000000000000000000000000000000000000	ct Ma	nager		Signa	ature	to			Date		9		
	128		10/25/			//								-

CK1927 PAID			CATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE		NT .		EGI		W	12.00 12.00 12.00 12.00 13.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00	
Date of Notification (1) 01-31-19				of Building Iwood F			r (2)			FEB	5	2019	be whated to a	
Agencies Notified Type Notification			Street A					1	1	And I de town out		2010		an other
EPA Initial				/illow St		8B				eat.	ar er Sjeri	7. 7		8
DEP Amended Amendment Emergency (_	Monto	ate, Zip C lair, NJ	07042	×			- A	1 :		//	3 11	166
DOH justification) DCA justification	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			f Contact k Mulro						lephone Nu 73) 783-4				
Name of Facility Where Abatement is Taking	Di	2)	FAC	ILITY INF	ORMAT	ION								-
Private Home	Place (3)					Ту	pe of Facility	300					
Street Address	And Chippings						r		8 (Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5)							So	etc.) quare Feet	# 0	f Floors		3ldg. /	Age	
Montclair								1000		1110013	1.	Jiug. 7	ige	
County (6) Essex				Code (7) USE ONLY	n		Cu	ırrent Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASCN	/I No.				Abatement Co		(9)				
Street Address						Street 522	Add	dress						
City, State, Zip Code						City, S	State	, Zip Code City NJ 0708	27					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none	No.	01	License N	lo.			
Start Date (10)	Schedul	ed Cor	moletion	Date (11)				5-9603 OSHA Monitor		01206				
02-11-19	02-15-	19	ripiction	Date (11)				ontracting L	LC					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	-	3.5	nent			Street 522								
Abatement Performed Outside of Norma Other – Describe:	al Facility	y Hours	5					, Zip Code City NJ 0708	7					
Scope of Work (Check All That Apply)		_				Offic	-	nty No 0700) [
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				r	- [Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	edure				۵.	
	Is	Locat	ion						, () un	a mon i mak	1	Abate	ement	
Location of		Normal ed Sole				scription						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial ((12)	nce/		thermal surface		s ins	r	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		ate	Ф
Garage		X				Roof			60	00 SF	X			
											_			
			-								_			
Name of Registered Waste Hauler		N	JDEP W	acte	Cubic	Varda		Name	Don't	and 1 15"				
Delfa Contracting LLC			auler ID	No.	of Was					red Landfill source R		ery F	acilit	y
City, State Union City, NJ					Dispos	al Date		City, State						
Completed by Jaime Delgado	Title Proje	ct Ma	ınager		S	ignature	1	4	and forth fire	Da	ite -31-	19		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 01/31/2019 Private House - Dorothy Mace Agencies Notified Type Notification Street Address **EPA** Initial DEP Amended City, State, Zip Code × DOL Amendment # Irvington, NJ 0711 Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Dorothy Mace **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Irvington 1000 2 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) **ESSEX** Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Spes Contracting LLC Street Address Street Address 164 Meriline Ave City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 516-444-0266 01383 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Spes Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address 164 Meriline Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Woodland Park, NJ 07424 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A

Pipe Insulation

X

Basement

70SF

X

CK TORE	528A	D		CATION	ate of Nev I OF ASBI to NJAC	ESTOS	ABATE			匠(CE	1	V			1
Date of Notification (1) 02/01/2019					Name of Building Owner/Operator (2) E.I. du Pont de Nemours and Company FEB 6 2019											
Agencies Notified Type Notification					ddress entre Ro	ad P.	O. Box	2915					119	the transfer		***
EPA DEP DOL	DEP Amended					City, State, Zip Code Wilmington, DE 19805										
DOH DCA		Name of Contact Bryan Mumink					Telephone Number 856-276-9224									
		FACILITY INFORMATION														
Name of Facility Where Abatement is Taking Place (3) DuPont Chambers Works - Area 1074 & Pipe F							Type of Facility (4)									
Street Address Canal Road										School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,						
City (5) Deepwater									etc.) ure Feet # of Floors Bldg. A 00 1 50+			ge				
County (6) Salem					Code (7) USE ONLY)	_			ent Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.									e of Abatement Contractor (9) ndenburg Industrial Service Company							
Street Address 760 Pulaski Highway							Street	Addres								
City, State, Zip Code Bear, DE 19701		City,					State, Zip Code hlehem, PA 18015									
Project Manager for Monitoring Firm JT Morrison					Telephone No. 302-326-2333			Telephone No. 610-691-1800			License No. 00721					
Start Date (10) 02/18/2019	ed Com	(N BANC DENEMBER 1 1983)				me of OSHA Monitor randenburg										
Occupancy Status During	ne)				Street	Addres	ss									
Facility Closed/Vacated During Entire Period of Abate								Spillman Drive tate, Zip Code								
Abatement Performed Outside of Normal Facility Hou Other – Describe: DEMO- 02/25/2019-03/07/2019						_	Section 2		PA 180	15						
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovat Demoliti								-23							
,	Location	on							y una mont mas			Abatement				
Location of Norm							Description of							Туре		
TO BE ARATED Ma				Used Solely by Maintenance/ Custodial Staff? (12)			Itaining IV I systems acing, VA miscellan			Amount (Specify SF or LF)			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	(D
Througho	ut			Х		- 155	Mastic/			130 LF		2	2			
Througho	2002			X		(Gaskets	3		40 EA		Σ	2			
Througho	ut	X Wall Insul					sulation	Panels 360 SF			2					
Throughout					Pipe Insula											
Prondenburg Industrial Comics Co					NJDEP Waste Cubic Yard of Waste 21838 30			Name of Registered Landfill Salem County Improvement Authority						ty		
City, State Bethlehem, PA		Disposal Date 2/19/19-2/2				City, State 8/19 Alloway NJ										
Completed by Title Stephen Carne Environmental I						ager Signature Date 02/01/19					9					
							- Comment	-	- State of the	ALL STREET			-			

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-21 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 2 / 0 1 / 1 9 1 CAROLE CHISVETTE Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: X DOL M Emergency newark, nj 07112 (including DOH. Name of Contact Telephone Number justification) ☐ DCA CAROLE CHISVETTE Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) CAROLE CHISVETTE Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) newark Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 02/04/19 02/15/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 if Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial е e asbestos-containing n Description of asbestos-containing Amount n staff(12) m material (acm) to be (Specify SF or C material (ACM) C 0 abated in facility (13) a a LF) Yes No N/A L V p e **BASEMENT** PIPE INSULATION 23 L FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State PATERSON, NJ 07503 02/04/19 TULLYTOWN, PA Signature Completed by (Print or Type) Title Date **BOGDAN JOLDZIC** PRESIDENT 02/01/19

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-19	F	AII				os Abatement 0 and 12:120)		EG	EI	V			
Date of Notification (1) 0 1 / 2 9 / 1 9 Agencies Notified Type Notific	otion)		11111	FEB	6 2	2019	Section of the Section of The	A				
☐ EPA ☐ Initial ☐ Amended ☐ Amendment :		Street Ad	dress e, Zip Code			Ascon	os con Canada	A THE STATE OF THE	100		_		
DOL Emergency (including	-		ock, nj 074.										
☐ DCA ☐ Cancellation) [[Name of 0	gilbert		Telephone Number								
Cancellation	,,, II	<u> </u>		ILITY INFORM	IATIO	N		_					
Name of facility where abatement	is taking p	lace (3)					Тур	e of Facility	(4)				
nancy gilbert Street Address	95,990.00		-					Scho	ol (K - 12 hapter 8 (Other t		(-12)	
									(Private/0 ./Homes,				
City (5)	Cou	inty (6)			30,000	unty Code (7) ate use only)		Square Feet # of Floors B Current Use (Prior if being demolish					ge
glen rock		rgen			(01	ate use only	Cu	irrent Use (F	Prior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	ier (8)		ASCM No.		Name of Abatem	ent Contr	actor (9)					
Street Address					_	D & S RESTO	ORATIC	N, INC.					
Street Address						20 California Ave.							
City, State, Zip Code					_	City, State, Zip Co	-			-		-	
				b)		Paterson, NJ	07503						
Project Manager for Monitoring Fire	n	Phone Number				Telephone Number License Number 973-345-8020 01169							
Start Date (10) 02/20/19	Schee 03/2		etion Date (1	1)		Name of OSHA Monitor D & S Restoration, Inc. Street Address							
Occupancy Status During Abateme			E-SAUGHT TRAIN		-	20 California	Avenue						
Facility closed/vacated during Abatement performed outside Describe:						City, State, Zip Co		ÿ					
Other-Describe: NORMAL I	HOURS					Paterson, NJ	07503	100					
Scope of Work (check all that app >3 sf or >3 f			Mini-e Glovel	nclosure bag procedu	ire								
Location of			y used solely	1			INOII-E	xempted (*)	and NON	R	R	E	E
asbestos-containing by material (acm) to be abated in facility (13)		enance/co	ustodial N/A	Description of material (ACM		asbestos-containing		Amount (Specify SF or LF)		e m o v	e p a :	n c a	n c L
BASEMENT BOILER ROOM				PIPE INSU	ΙΔΤ	ION	1	l ft		е	r -	р	
BASEMENT in soffit				PIPE INSU				5 l ft			-	片	#
GARAGE				PE INSULATION			261ft 🛛			H	片	片	
Pagistared Waste He I													
Registered Waste Hauler D & S RESTORATION, INC.		EP Haule	1	ubic Yards of W yd	Vaste	Name of Registe TULLYTOW			ECOVE	RY			30
City, State PATERSON, NJ 07503			Disposal D 02/21/19			City, State TULLYTOW	N, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date	/10			

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 13:130)

0&\$ Proj. #: 19-22	AID					os Abatement 0 and 12:120)	ECE	N						
Date of Notification (1)	FEB 6 2019													
Agencies Notified Type Notifica Initial Amended Amendment #	tion	reet Addre	ess				L As-3,9681					_		
DOL Emergency (including justification)	- Na		n, nj 0884	40			Telephone Number							
DCA Cancellation	n	irma ker	rison											
			FAC	LITY INFORMA	ATIO	N								
Name of facility where abatement	is taking pla	ce (3)					Type of Facility (_		
irma kerrison						School (K - 12) Subchapter 8 (Other than K-12)								
Street Address			ii.					Private/C Homes, e		cial				
City (5) .	Count	ty (6)		I	Cor	unty Code (7)	Square Feet	# of Floo	rs	Bldg.	Age			
metuchen		llesex				State use only) Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by			T	ASCM No.	_	Name of Abatement	Contractor (9)							
31 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -				D & S RESTORA										
Street Address		Street Address												
City, State, Zip Code	_													
						Paterson, NJ 07:	503							
Project Manager for Monitoring Firm	12	Ph	one Numb	er		Telephone Number						_		
Start Date (10)	Sched.	Completio	on Date (11)	-	Name of OSHA Monitor								
02/04/19	04/15/	19				D & S Restoration, Inc. Street Address								
Occupancy Status During Abatemen						20 California Avenue								
Facility closed/vacated during Abatement performed outside					City, State, Zip Code									
Describe: NORMAL H	OURS				-	Paterson, NJ 07:	503							
Scope of Work (check all that apply □ >3 sf or >3 lf □ ≥160 sf or ≥260 lf	() Renovation Demolition						full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re			ıre	_		
Location of asbestos-containing	Is location by mainten staff(12)				n of a	sbestos-containing	Amount		R	R E	F			
material (acm) to be abated in facility (13)	Yes			material (AC			(Specify S LF)	For	m o v	p c a i p	C) 10		
BASEMENT		X		PIPE INSUI	LAT	ION	145 L FT	145 L FT						
										715	1=	1		
									-	ᆗ늗	井늗	<u></u>		
									╁┼┼	╡┼╞	┼┼	<u></u>		
Registered Waste Hauler D & S RESTORATION, INC.	NJDEI 1350	P Hauler II		ubic Yards of W	/aste	Name of Registered TULLYTOWN, I		COVED	v V		- 1 -	_		
City, State PATERSON, NJ 07503			Disposal Da 02/05/19	ate		City, State TULLYTOWN,		COVEN	1			_		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT		Signature		I TOLLT TOWN,	1 (1)	Date 02/01/	2010			_		