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

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	(5)								Squ	are Feet	# 0	f Floors		В	ldg. A	ge	
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	inty (6) irlington					Code (7) USE ONLY)		Curr	ent Use (Pr	ior if bei	ng demo	olishe	d)			
Nar	ne of Monitoring Firm	Hired by Building (Owner (8)	ASCN	Л No.		Name	of Ab	atement Co	ntractor	(9)			_		
								ABS	S Env	ironmenta	al Serv	rices, L	LC				
Stre	et Address							Stree	t Addre	ess							
								PO	Box 4	183, 4 E C	Sate D	rive					
City	, State, Zip Code						.19 - 05	7.5		Zip Code	encurer						
_										d, NJ 074	418						
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	25/19		3/8/19		mpietion	Date (11)		Name	e or OS	HA Monitor							
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	living & dining	rooms			X		f	oor tile	е		46	88 SF	3	ζ.			
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100000000000000000000000000000000000000	State							sal Date	9	City, Sta							
	lgewater, NJ						TBD			Easton	, PA						
	pleted by Scott Higgins		Title Pres	ident			5	Signatur	е	11 -			Date 2/14)		

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Date of Notification (1)			_		Nam	e of Buildin	g Owner/Operator	(2)						
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Agencies Notified	Type Notifi	cation			Stree	et Address							1	
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☑ DOH	Amenda Amenda				City,	State, Zip 0	Code			- Francisco			- 22	
□ DCA	☐ Emerge		ıdin	a	Vii	neland, N.	J 08360							
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	Cancella	ation		-	Ma	rion Trov	arelli							
NI					FΑ	CILITY IN	IFORMATION							
Name of Facility Where A		Taking P	lace	(3)				Type of Facility						
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Street Address								Other (i.e., p	rivate and con	nmercia	al bu	ildings	5,	
City (5)			_					homes, etc.)					10000	
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County (6)					Cou	nty Code /7	VETATE LICE ONLYA	2,092	2			96		
Cumberland					Cou	my Code (7)(STATE USE ONLY)	Current Use (Pr Residence	or if being dei	molishe	d)			
Name of Monitoring Firm	Hired by Bui	ldina Owr	ner	(8)	ASCM	No	Name of Ahatem	ent Contractor (9)						
Management & Env					71001	110.		onmental, LLC						
Street Address		9					Street Address	onnental, LLC						
PO Box 341							623 Cutler A	venue						
City, State, Zip Code							City, State, Zip C							
Chesterfield, NJ 088	515						Maple Shade							
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No	D .				
Bill Weisgarber				60	09-298	3-4070	856-755-0099)	00842					
Start Date (10)		Schedule					Name of OSHA N	lonitor						
02 /23 /			A.P.	(C)	5_ /	19	EMSL Analyt	ical, Inc.						
Occupancy Status During							Street Address							
☐ Abstancet Defensed	d During Ent	ire Period	of	Abate	ment	20 VVIII V	200 Route 13	0 North						
Abatement Performed Time of Abatement:	AM-	ormal Fa	Cility	/ Hour	rs - Des	AM	City, State, Zip Co		1122-27-0-2	7//2				
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Scope of Work (Check all	that apply)						⊠ Full Cont	tainment with Neg	ative Pressur	2				
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△ ≥100 St 01 ≥200 II		Ш	De	molitic	on		☐ Glovebag	g Procedure mpted (*) and Nor	n-Friable Proc	edure				
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Location of		. 1		Iorma d Sole			Description o				T			
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Name of Registered Waste	o Hauler						~			[
Freehold Cartage	c naulei			Н	JDEP \ auler I[No.	Cubic Yards of Waste	Name of Regist Fairless La						
City, State					15939		Disposal Date	A STATE OF THE STA	Hulli					
Freehold, NJ							Disposal Date 02/25/2019	City, State Morrisville,	ΡΔ					
Completed By (Print or Type	pe)	Title					Signature	morrisvine,		D-t-				
Christina Lynch	,		Pre	side	nt of 0	Operation				Date				
		1	~07E			C-120011	MAXXXX			21	1-1	110		

State of New Jersey

V 4114491	=	PAU		CATION OF ASB Pursuant to N.J./		MENT			F I	W		
Date of Notification (1)	-				Name of Buildi			FEB	2 1	2019		
2/12/19					Paulsboro Ref		pany	8 feet last	- 1	2013	200	# <u> </u>
Agencies Notified () EPA		Notification (X) Initial No	- Charles - 200		Street Address 800 Billingspor		June				enzia T	**
() DEP (X) DOL (X) DOH		() Amended () Cancelle () Emergen	Certification	on	City, State, Zip Paulsboro, NJ		77 P 48 P	2 (%) A	o tra	e a company of the party of the party of the party of	~	
() DCA			\$1500 \$1500		Name of Conta	act		Tel. Nur				
				EACH ITV IN	Ravi Jarecha FORMATION			856-224	1-4444			
Name of Facility Where Abatem	nent is T	aking Place (3)	PACILITIN	Type of Facility	, (A)						
Paulsboro Refining Company	ioni is Te	aking Flace (51		() School (K-1 () Subchapter	12) r 8 (other th	nan K-12)					
Street Address 800 Billingsport Rd					(X) Other (i.e.	private & c	commercial blo	igs., home	es, etc) .		
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	inty (6) ucester		County C (State Us		Bldg. Age N/		a domolished)	Oil Pof	inon			
Name of Monitoring Firm Hired	hy Blda	Owner (8)	ASCM No	0	Current Ose (p	nioi ii being	Name of Co					_
realite of Monitoring 1 mm 1 med	by Diag.	OWNER (0)	ZIOOWITE	<u>. </u>			Mansfield In					
Street Address					Street Address 26 Colonial Av							
					City State, Zipo							
					Woodbury NJ	08096						
Project Manager for Monitoring						mber		License 00857	Numi	<u>ber</u>		
Scheduled Start Date (10) 2/26/19 Scheduled Completion Date (11) 3/1/19					Name of OSHA Mansfield Indu							
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -					Street Address 26 Colonial Av							
(X) Other – Describe – Remova area	al of ACN	I within restric	cted work a	rea in outside	City, State, Zip Woodbury NJ							
Source of Work (Check all that	apply)											
() Demolition (X) Renovation () Large Proj. (160 SF or >260 () Full Containment with Negat	LF ACM					linor Proj. (<25 SF or <10	LF ACM)			
Location of Asbestos- Containing Material (ACM) in	Is Loca Solely I	tion Normally by Maint./Cus	Used	Description of a thermal system	ACM (i.e. ns insulation,	Amount (Specify SF or	LF)	Abate	ement Ty	pe	
Facility (13)	Staff? ((12) NO	NA	surfacing, VAT misc.)	, or other				Rem.	Rep.	Encap	Enclos
Pipe Insulation Steam Lines WT #4		X		TSI – Gloveba	ag .	~20 LF			Х			
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										-	-	+
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Was 17273	te Hauler I	D#	Cubic Yards of <3 CY	Waste				Landfill ounty Lar	ndfill	
<u>City, State</u> South Harrison, NJ	,						<u>Disp. Date</u> Various			City, Sta South Ha		, NJ
Completed by (Print or Type)		<u>Title</u>			Signature			Date				
ANDREW GREEN MANAGER – Mansfield Industrial, Inc			- And Site of	perations S	Supervisor	2-12-19	ì					

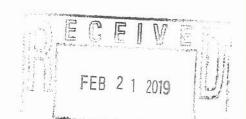
Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

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County (6) Burlington				Code (7) USE ONL	y)		Currer	t Use (Pri	or if be	ing demo	olished)	·		
Name of Monitoring Firm Hired by Building Atlas Environmental	Owner (8)		ASCI	M No.			of Abat	ement Cor	ntracto	(9)					
Street Address P.O. Box 11645						Street	Address								
City, State, Zip Code Philadelphia P.A.						City, S	tate, Zip	Code		# C					
Project Manager for Monitoring Firm			Telepho	ne No			one No	P.A. 19	3525	Licens	o Mo				
Jason Frimore				84-4693	3	105/4	587-90			00836					
Start Date (10) 3/4/19	3/18/19	9	mpletion	Date (11)		Name	of OSH/	A Monitor							
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New (D			х								х				
Name of Registered Waste Hauler Horizon Disposal NJDEP Was Hauler ID No 10416					Oubic of Was			Name of F Grows L			fill		1		
City, State Trenton N.J. 08638					Dispos 12/20			City, State morrisvil		Α.					
Completed by Title Mike Creamer agent						gnature					Date 2/15/	19			



ASBESTOS SURVEY SUMMARY

LCA also performed an asbestos survey of subject property. The NESHAP requires the identification of friable ACM and non-friable ACM likely to become friable during demolition activities.

Table 1.0 on the below summarizes the ACM identified at 520 Hartford Road.

	Table 1.0 Summary of ACM	
Description	Location	Quantity †
Exterior Caulking	Windows & Doors	< 10 SF
Roofing Material	Engine Room Roof (Along Ledge)	50 SF
Chimney Flashing	Chimneys	4 SF Each
Transite Ceiling Material	Throughout	3,500 SF
Pipe Fittings (>18")	Main Room	10 Each
Pipe Insulation (>18")	Main Room	3 LF

[†] Quantity of material is based upon those materials that were reasonably accessible during the inspection or estimated to be present. As discussed in the report, additional suspect materials may be present behind walls, pipe chases or above ceilings. All quantities are approximations (if used for abatement purposes, each contractor should confirm these amounts). The above is not intended for bidding purposes.

Project No. 17-060

Report Date: January 12, 2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Street Address Type Notification Agencies Notified Initial **EPA** City, State, Zip Code Amended × DEP Amendment # Mame of Contact () DOL × Emergency (including Telephone Number iustification) DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) De Collico Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 26 Bldg. Age Square Feet # of Floors City (5) 1400 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) residence unmuth Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Ace Insulation Co Inc. Street Address Street Address 95 Montrose Rd City, State, Zip Code City, State, Zip Code Colts Neck, New Jersey 07722 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00029 7322941757 Name of OSHA Monitor Scheduleti Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am-7pm × Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 if Mini-Enclosure Demolition ≥160 sf or ≥260 if 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, (Specify Remova Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)MA Yes No Name of Registered Landfill Cubic Yards MIDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Ace Insulation Co., Inc. 12860 Disposal Date City, State

Signature

Secretary Treasurer

Date

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

Bree McGuire

Completed by

Colts Neck, New Jersey

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

Agendes Notified Type Notification Type	KN144 PATT) NO	(Purs		NJAC 8:60						g and make of			1		1
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Street Address City (5) UNION Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State	_ BGA Garissians			FACILI	ITY INFOR	MATIC	ON									\dashv
Street Address City (5) HILLSIDE, NJ 07205 City (5) HILLSIDE, NJ 07205 County (6) UNION Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	Name of Facility Where Abatement is Taking	Place (3)						Тур	Sch	ool (K-12)	r than K-12)			
County (6)								×	Oth	er (i.e. pri	vate &	commercia	al buildir			,
County (6) UNION County Code (7) County Code (7) EMPTY	City (5)			2				10	0X5	0	2 F	L	50			
Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address 24 CHURCH ST City. State, Zip Code City, State, Zip Code Start Date (10) 02/15/2019 Scheduled Completion Date (11) 02/15/2019 Cocupancy Status During Abatement (Check Only One) Cocupancy Status During Abatement (Check Only One) Cotupancy Status During Abatement (Check Only One) City, State, Zip Code ELMWOOD PARK NJ 07407 Street Address	County (6)										if beir	ng demolish	ied)			
City, State, Zip Code		Owner (8)		ASCM	No.		Name	of A	baten	nent Cont	ractor NTR	⁽⁹⁾ ACTING	INC			
City, State, Zip Code City, State, Zip Code ELMWOOD PARK NJ 07407 Telephone No. 201 873 9418 City State, Zip Code ELMWOOD PARK NJ 07407 Telephone No. 201 873 9418 City State Date (10) 02/14/2019 Scheduled Completion Date (11) 02/15/2019 Cocupancy Status During Abatement (Check Only One) ALL SOUTIONS CONTRACTING INC Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD PARK NJ 07407 City, State, Zip Code ELMWOOD PARK NJ 07407 Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD PARK NJ 07407 City, State, Zip Code ELMWOOD PARK NJ 07407 Toles Abatement Performed Outside of Normal Facility Hours Clother → Describes: 8:00AM TO 4:30PM HOUSE EMPTY Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A PIPE INSULATION 8 LF X Name of Registered Waste Hauler ATLANTIC CARTING Name of Registered Landfill GRAND CENTRAL Disposal Date TDB City, State PEN ARGYL PA Date	Street Address									I ST						
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler ATLANTIC CARTING Name of Registered Waste Hauler ATLANTIC CARTING Location of Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) A BLF X PIPE INSULATION Name of Registered Landfill GRAND CENTRAL City, State PEN ARGYL PA Disposal Date TDB City, State PEN ARGYL PA Date													Ту	ре		
Name of Registered Waste Hauler ATLANTIC CARTING Name of Registered Waste Hauler ATLANTIC CARTING NAME of Registered Landfill Of Waste TDB Disposal Date TDB Signafure Date Date	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	d Sole intenar odial s (12)	ly by nce/ Staff?	Asbesto (i.e. 1	os Cor therma surfa	ntaining al syster acing, \	Mate ms in /AT,	erial (nsulati or	ACM) on,	(Specify	Removal	Repair	Encapsulate	Enclosure	
Name of Registered Waste Hauler ATLANTIC CARTING Name of Registered Waste Hauler ATLANTIC CARTING Name of Registered Landfill Of Waste TDB Disposal Date TDB City, State PEN ARGYL PA Signafure Date		165	NO		-	DIDE	INICIII	ΔΤ	ION			81F	x			
Name of Registered Waste Hauler ATLANTIC CARTING City, State PEN ARGYL PA City, State PEN ARGYL PA Signafure Date	BASEMENT			^	r	-IPC	114301		TOIV			0 2.				
Name of Registered Waste Hauler ATLANTIC CARTING City, State PEN ARGYL PA City, State PEN ARGYL PA Signafure Date																-
Name of Registered Waste Hauler ATLANTIC CARTING City, State PEN ARGYL PA City, State PEN ARGYL PA Signafure Date							- \/			Name of	Pagis	tered Land	fill			
City, State PEN ARGYL PA TDB PEN ARGYL PA Date					of W	aste	3			- 15.00						
Signafure Date							ate				1					
Completed by LUIS ARCILA PRESIDENT O2/13/2019	Completed by	Title PRE	SIDE	ENT			Signat	ure	·			/ - /	Region Colores	2019)	

													Pri	nt Fo
K0139 PAI	D		ICATION ursuant	ate of Ne I OF ASB to NJAC	ESTOS 8:60 and	ABATE 112:12	0)	- pro-summedia		C CED	2 1		n is	
Date of Notification (1) 02/07/2019 CHECK #0139				f Building PERSU		perator	(2)	1		LED	4	201	9	
Agencies Notified Type Notification Initial Amended Amendment				ddress ate, Zip Co					معیدا درمار	4 · · · · · · · · · · · · · · · · · · ·			e e e e e e e e e e e e e e e e e e e	لب ه
DOH Justification	(including		Name o	f Contact PERSAL					Teleph	none Nu	mher			
			FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Takir	ng Place (3)					Туре	e of Facility	5 52					
Street Address						7 7	×	School (K-Subchapter Other (i.e. petc.)	r 8 (Other t			dings,	home	es,
City (5) LINDEN,NJ 07036								are Feet X50	# of FI 2 FL	oors		Bldg. A	The state of the state of	3
County (6) UNION			County (Code (7) USE ONLY	,			ent Use (Pri PTY ABA			ned)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	l No.				atement Co			INC			
Street Address						Street 24 C		ess CH ST						
City, State, Zip Code						1 2 1 - 1 2 - 7 0 C / C		Zip Code DD PARK	NJ 0740	07				
Project Manager for Monitoring Firm		Telepho	ne No.		Telepi 201			1	icense N 1301	lo.				
Start Date (10) 02/08/2019	Schedul 02/09/		npletion I	Date (11)				HA Monitor TIONS C		CTING	INC			
Occupancy Status During Abatement (Chec	k Only O	ne)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8:00AM TO 4:30PM	ONED		City, S	State, Z	CH ST Zip Code DD PARK	NJ 0740	07							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	tion ion			>	Mi GI	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure				e			
Location of	100	Locati Normal			D	ar							ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ly by nce/ Staff?		tos Cont thermal surfac		Materia s insul T, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure		
1ST FLOOR	Yes	No	X	FIC	OOR T	LETI	NOI F	=UM	300	SF	x			
ROOF			X		ROOF				100		X			
Name of Registered Waste Hauler		1 200	JDEP W auler ID		Cubic of Was			Description of Heav	Registered			L		
City, State CPEN ARGYL PA							1	City, Stat	e RGYL <i>P</i> /	Α				

Signature

Title

PRESIDENT

Completed by

LUIS ARCILA

Date

1/28/2019

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

FEB 2 1 2019

Date of Notification (1)						er/Operator (2	2)			La	1	-7				
/	18 /	19	_		Sem	inole Co	nstrı	uction			1	BU.	¥.	1		
Agencies Notified	Type Notificati	ion			Street	Address						7.44	1.7	nemve .	t-th/et	
					123	Bartlett A	ven	ue								
☑ DOLWD	Amended				City, St	ate, Zip Co	ode									
☑ DOH ☐ DCA	Amendmer Emergency		luding		Wes	t Creek, I	NJ 0	8092								
(NJAC 5:23-8)	justification		luuliig	İ	Name	of Contact					Telephone Nur	mber				
(10) 10 0.20 0)	☐ Cancellation				Joyd	e Corlis	S				609-296-07	700				
					FAC	ILITY INF	ORI	MATION								
Name of Facility Where A	Abatement is Ta	kina	Place	(3)	170		O. C.	IIIA II OIL	TV	ype of Facility (4	4)					_
Residence		9		(-)					1 5	School (K-12)	.8					
Street Address										Subchapter 8	(Other than K-1					
Street Address										Other (i.e., pri homes, etc.)	vate and comm	nercial	buil	dings	5,	
City (5)	<u> </u>								Sc	quare Feet	# of Floors		Bldg	g. Ag	е	
Margate									1 8	3,000 sf	2		7	0		
County (6)					Count	y Code (7)	(STAT	E USE ONLY)	Cı	urrent Use (Pric	or if being demo	olished)			
Atlantic										Residence						
Name of Monitoring Firm	Hired by Buildi	ng O	wner (8	3)	ASCM I	No.	Nam	ne of Abateme	ent	Contractor (9)						
N/A	0.53		350				Gı	uardian Co	ntr	acting, Inc.						
Street Address							Stree	et Address	20000	<u> </u>						\neg
							18	889 Route 9), U	Jnit 61						
City, State, Zip Code								State, Zip Co	. C.							
Control of the contro							To	oms River,	Ne	w Jersey 087	755					
Project Manager for Mon	itoring Firm	1129		Tele	phone I	No.		phone No.			License No.					
	•			12403760	• 56.1.00 0.00000.0	Name (1)	73	32-349-9932	2		00624					
Start Date (10)	So	chedu	uled Co	mple	tion Dat	e (11)	Nam	ne of OSHA N	/lon	nitor						
_02 / _28 /	19	_ 03	3_/	04	_ / _	19	E.	M.S.L. Ana	lyt	ical						
Occupancy Status During	g Abatement (C	heck	only o	ne)			Stre	et Address		<u> </u>				12.00		
☐ Facility Closed/Vacate					ment		10	56 Stelton								
☐ Abatement Performed							City	, State, Zip Co	ode	9						
Time of Abatement: _	AM	_PN	1/	_PM-		AM	Pi	iscataway, l	Ne	w Jersey 088	354					
Scope of Work (Check a	II that apply)							□ Full Con	tair	nment with Neg	ative Pressure					
☐ ≥3 sf or ≥3 lf			Re	novati	on			☐ Mini-End	clos	sure	alive i lessure					
≥160 sf or ≥260 lf			□ Der	molitio	on			Gloveba	g F	Procedure	n-Friable Proce	dura				
			la.	Land	ion	1	-	⊠ Non-Exe	emp	oted (*) and Nor	II-FIIADIE PIOCE		۸ha		ent Ty	
Location	of			Locat Iorma				Description of	of			-		_		
Asbestos-Containing			Use	d Sole	ely by	Asbes	stos (Containing Ma		rial (ACM)	Amount		Ren	Repair	inc	Enc
TO BE ABA	ATED			intena	nce/ Staff?	(i.e.		rmal systems			(Specify		Remova	ar.	aps	Enclosure
IN Facil (13)	ity		Ousi	(12)	Sulfacility, VA						SF or LF)		=		Encapsulate	re
(10)			Yes	No	N/A					-/					Ф	
exterior				\boxtimes		asbesto	s si	ding			2800 sf	-	X			
										177		- 1				
									C.							
Name of Registered Wa	ste Hauler			1000	JDEP !		0.000	oic Yards of		Name of Regis	stered Landfill					
Guardian Contract	ing, Inc.			ŀ	lauler II		Was			T.R.R.F.						
City, State						-	-	posal Date		City, State						
Toms River, New J	lersey						0	3/04/19		Tullytown,	Pennsylvani	ia				
Completed By (Print or 1	Гуре)	Title	;					Signature		$ \wedge$		Date	i	j		
Nicholas Fernicola		Р	roject	Mar	ager				L	1		-	3/	19		

0K3601

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

) UK	-		(Pursu	ant to NJ	AC 8:60 and 5:1	16)		*Cauca - m			1
Date of Notification (1) 02 /	18 /	19				ng Owner/Operator	(2)	FE	EB 2	1 20	19	The second second
Agencies Notified	Type Notif	ication		Stre	et Address			Parameter				-
⊠ EPA				1:	23 Bartlet	t Avenue		i i v				-1
☑ DOH	Amend				, State, Zip				La La Contra	- 64	9- F. L	
□ DCA	Amend	ment # ency (includ	_	1 200		c, NJ 08092	21					
(NJAC 5:23-8)	justifica	ition)	ing		ne of Conta			Tolophana	Marshar			
70	☐ Cancell			202389	oyce Corl	570		Telephone 1 609-296-				
No. of the same				F	ACILITY I	NFORMATION						
Name of Facility Where A Residence	Abatement is	Taking Pla	ce (3)	765			Type of Facility	(4)				
					84		School (K-12	2)				
Street Address							Subchapter (i.e., p homes, etc.)	rivate and com	(-12) nmercial	buildin	gs,	
City (5)			1000				Square Feet	# of Floors		Bldg. A	100	
Longport							1800 sf	1	. 1	70	ige	
County (6)				Cou	untv Code (7)(STATE USE ONLY)	Current Use (Pri		li - l d'			
Atlantic					· · · · · · · · · · · · · · · · · · ·	Menne doe onen	Residence	ioi ii beilig den	nolisnea))		
Name of Monitoring Firm	Hired by Bui	Iding Owne	r (8)	ASCN	/ No.	Name of Abateme						
N/A			٠,				ntracting, Inc.					
Street Address			7-47-11			Street Address	ntracting, inc.					or more
						1889 Route 9	Unit C4					
City, State, Zip Code						City, State, Zip Co						1
1 10 10 10												
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No.	New Jersey 08					
				opnone	. 140.	732-349-9932		License No	i.			
Start Date (10)	1	Scheduled	Compl	otion D	oto (11)			00624				
02/_28_/	19				19	Name of OSHA M E.M.S.L. Anal						
Occupancy Status During	Abatement (Street Address						
☐ Facility Closed/Vacated	During Enti	ire Period o	f Abate	ement		1056 Stelton						
☐ Abatement Performed	Outside of N	ormal Facili	tv Hou	ırs - De	scribe	City, State, Zip Co						
Time of Abatement:	AM	PM/	PM	l	_AM	199						
Scope of Work (Check all t	that apply)					riscalaway, r	New Jersey 088	354				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		□ R ⊠ D	enova emoliti	tion		☐ Mini-Encl	ainment with Negrouse osure Procedure opted (*) and Nor					
70		- 1:	s Loca	tion		_	1,510-1,711-1101	T Habie I Tode		h a 4 a u a		
Location o	f		Norma			Description of	F				ent Ty	_
Asbestos-Containing M TO BE ABAT	aterial (ACM FD		eu Soi aintena	ely by ance/	Asbe	stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus		Staff?	(i.e.	 thermal systems in surfacing, VAT, 	nsulation,	(Specify SF or LF)	VOI	왕	aps	losu
(13)			(12)	1	4	other miscellaned		SF OF LF)	<u>m</u>		ulat	re
		Yes	No	N/A							(D)	
exterior					asbesto	s siding		1800 sf				
										П	П	
										$\frac{1}{1}$		
										-		
Name of Registered Waste			N	JDEP \	Waste	Cubic Yards of	Name of Registe	ered Landfill		1-		
Guardian Contracting	g, Inc.		H	lauler II 20223		Waste	T.R.R.F.	orod Editaliii				
City, State				20223	,	3 Disposal Date	City, State					
Toms River, New Jers	sey					03/04/19	Tullytown, F	Dennevives:	2			
Completed By (Print or Type	e)	Title			5[10-12] (1-10) (1-10)	CONSCIONATION CONTRACTOR CONTRACT	, in the state of	_/	7.02-			
Nicholas Fernicola	7	Project	Man	aner		Signature		1	Date	.].		

KIM PAI			ursuant	ate of Nev OF ASB to NJAC	ESTOS 8:60 an	ABATE d 12:120	0)			FFF	7 2	1	2010		The state of the s
Date of Notification (1) 02/18/19				Building tone-36		Operator	(2)		11.57				COTO		kur
Agencies Notified Type Notification			Street Ad 570 Br	ddress oad Str	eet				l'a					e e	
DEP Amended Amendment		_		te, Zip Co k, NJ 07											
DOH justification) DCA Cancellation	including			Contact tone-36	0					ephone 1 3-624-6					
Swand			FACII	LITY INFO	DRMAT	ION									
Name of Facility Where Abatement is Taking Street Address	g Place (3						I S	of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			build	ings,	home	es,
City (5) East Orange								etc.) e Feet	# 0	f Floors		BI	dg. A	ge	
County (6) Essex			County C	Code (7) USE ONLY)			Curre	nt Use (Pri	or if bei	ng demo	lished	i)		1985 F Janes T 1985 F 1985	
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	1 No.				tement Cor							
Street Address		III COOK					Addres	s DOVE CO	DURT						
City, State, Zip Code								p Code DD, NJ 0	8701						
Project Manager for Monitoring Firm			Telephor	ne No.			none No 668-9			License	e No.				
Start Date (10) 02/28/19	Schedule 03/04/1		npletion [Date (11)		F. C. S. S. W. S. S.		IA Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Chec		nent				Addres	s DOVE CO	DURT							
Abatement Performed Outside of Norm Other – Describe:	Hours	S .		_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		p Code DD, NJ 0	8701							
Scope of Work (Check All That Apply)								,							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renova Pemolit				×	Min Glo	Containme i-Enclosure vebag Prod -Exempted	e cedure					2		
	Locati	ion										Abate	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ly ly by nce/ Staff?		tos Con therma surfa	escription taining M I systema icing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)		Remova	Ty Repair	e Encapsulate	Enclosure		
190000	Yes	No	N/A									<u>a</u>	~~	ate	re l
Interior					F	loor Til	е		2	50SF	>	2			
NOME NAME OF THE PRESENCE OF THE PROPERTY				/aste No.	of Wa	Yards ste		Name of IESI	Registe	ered Land	dtill				
City, State NEWARK, NJ					Dispo 03/04	sal Date 1/19		City, State BETHL		ЛРА					
Completed by Title JOSEPH PERLSTEIN OWNER						Signature	9				Date 02/1		9		

M Print Form

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Date of Notification (1) 02/14/19	ā				Building Oroperties		Operator	(2)	Street,	No. 17.	FEB	2	1	2019	and the same of th	
	Notification			Street Ac 399 Mc	dress onmouth	Stree	et			بدا آم	Maria de la compansión de La compansión de la compa			1.7.6		
DEP X DOL	Initial Amended Amendment #_				te, Zip Cod /indsor, N		3520				12.2.2	40 20 c	e og tid og aftersett	mananan a's	V2*****	
× DOH	Emergency (in justification) Cancellation	cluding		Name of TFE Pr	Contact roperties					20000000	ephone N 9-944-4					
				FACIL	LITY INFO	RMAT	ION									
Name of Facility Where Abater The Jewelry Exchange, Street Address 1 Woodbridge Center, F	1 Woodbridg	ge Cen							of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr	?) 3 (Othe			buildi	ngs, h	nomes	s,
City (5) Woodbridge	1001 0 4114 0					- 22		e	etc.) e Feet	# of	Floors		Blo	dg. Ag	je	
County (6) Middlesex				County C	Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng demol	lished	<u> </u>			
Name of Monitoring Firm Hired	l by Building Ov	wner (8)		ASCM	l No.				tement Cont							
Street Address		1-0-0-0-0					Street	Addres								
City, State, Zip Code									ip Code DD, NJ 08	3701						
Project Manager for Monitoring	g Firm			Telephor	ne No.		1. 3.500000000000000000000000000000000000	hone No -668-9			License	No.				
Start Date (10) 02/18/19		Schedule		mpletion I	Date (11)				HA Monitor PROFE	SSIO	NALS					
Occupancy Status During Aba							-D2-411-57-03	Addres	ss DOVE CC	URT	v					
Facility Closed/Vacated D Abatement Performed Outline - Describe:	Ouring Entire Pe utside of Norma	eriod of A al Facility	Hour	nent s					ip Code OD, NJ 08	3701						
Scope of Work (Check All Tha	t Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		R X	enova emoli	ation ition				× Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
			Locat											Abate Ty	ment pe	
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Ma Cusi	d Sole intena todial (12)	ely by ance/ Staff?		os Co therma surf	escriptio ntaining al systen facing, Va miscella	Material ns insula AT, or		(3	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR		Yes	No	N/A	FLO	ORII	NG AN	D MAS	STIC	15	000SF		х			
Name of Desisters 13Mart 11	aular.			NJDEP V	Vacto	Cub	ic Yards		Name of	Regist	ered I an	dfill				
Name of Registered Waste Ha	auler			Hauler ID 04509		1547/05/2005	aste		IESI	, togist	orou carr	J.111				
City, State NEWARK, NJ							osal Dat 18/19	е	City, State BETHL		М РА					
Completed by JOSEPH PERLSTEIN		Title OWN	NER				Signatu	re				Date 02/	e 14/1	19		

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

ULIUD FAI		(1	Pursuant	t to NJAC	8:60 an	d 12:12	0)			CE				1
Date of Notification (1) 02/16/2019			Name o	of Building	Owner/0	Operator	(2)			et en			173	H
Agencies Notified Type Notification			Street A					- 1 - 1 -	-	FEB 2	1 20	19	1112	4
EPA Initial								() ()						- 6
DEP Amended			City, Sta	ate, Zip Co	ode				house.		3	i.		
DOL Amendment Emergency			Fair L	awn NJ	07410			1	4		1.6.			
DOH justification)	107	,		of Contact		00.00.000			Tel	ephone Nu	mber			
DCA Cancellation			Ramo	***************************************	ODMAT	1011			(
Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMAI	ION	Type	of Facility (4)					
House							П	School (K-12	2					
Street Address							×	Subchapter 8 Other (i.e. pretc.)	(Oth			dings	, hom	es,
City (5)							Squa	are Feet	# of	Floors	E	Bldg. /	Age	
Fair Lawn														
County (6) Bergen			(STATE	Code (7) USE ONLY)		Res	ent Use (Prio sidental			hed)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASCN	M No.		1		atement Cont	ractor	(9)				
Street Address							v LL(
Street Address						Street 246		ess on Ave.						
City, State, Zip Code								Zip Code						-
								NJ 07026						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none N	lo.		License N	lo.			
						(862)262-	-8006	OUTIN-SEA	01369				
Start Date (10) 02/28/2019				Date (11)	M			HA Monitor						
Occupancy Status During Abatement (Chec	03/02/						v LL(
						Street 246		on Ave.						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of all Facility	Abater y Hour	nent s			W- 30111-11 - 3010		Zip Code		-		-		
Other – Describe:				-				NJ 07026						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoli				×	Mir Glo	II Containmer ni-Enclosure ovebag Proce	dure					
	T	1 000	fan				1 110	n-Exempted	() and	I NOH-FIIAI	JIE PIO		ement	
Location of		Locat Norma			Doc	scription	of						ре	
Asbestos-Containing Material (ACM)		ed Sole			tos Cont	aining M	lateria		Ar	nount			ш	_
TO BE ABATED In Facility	2000	todial :	Staff?	(i.e.	thermal surface	systems cing, VA		ation,		pecify or LF)	Removal	Re	Encapsulate	Enclosure
(13)		(12)			other m	niscellan	eous)		0.	0. 2. /	lova	Repair	sula	osur
	Yes	No	N/A								-		te	Ф
Basement		х			Pipe	insula	tion			65	х			
					232 1923		1							
											1			
Name of Registered Waste Hauler		I	JDEP W	/aste	Cubic '	Yards		Name of Re	egister	red Landfill				
Rizov LLC		H	lauler ID 037825	No.	of Was			Fairless	en a riouere i					
City, State Garfield NJ		-district+2.			Dispos TBD	al Date		City, State Morisville	e. PA					
Completed by	Title					gnature		/	-1.71	Da	ite	-		
Aleksandra Rizova	Own	er				2	41	· .		0.000	2/16/2	2019	1	

Feb. 15.2019 02:18 PM A. Mac Contracting 2012620321

CK1217 PAJ	D	MOTI	PERMAN	Nime of Nim M OF ASIN M to NJAO (ROTOS AN EXII and 1	R:120)	;	1 2	7 La	10	a2/	1.2	1 2 119
2/15/19 Agentine Notified Type Notification	· · · ·		Street	of Building (Owner/Ope / <u>/</u>	makter (2				4	1	7	I
EPA Initial Amendment DOL Amendment			Gb. 8	D. Zo Co ERNON			150410				1		}
DOH Emergence justification Corroclistic	(Includin	d ·	Name	al Contact (EVIN)	OLIVE	11	2 // (/		Hapmans Na			_	Period Springs
Name of Facility Where Absternant is Take	y Paca	(8)		ALTY NOT	AL AUGUS	7	ypa di Padi	by (4)					-
Breat Address City (5)							6807)	K-12) Aur 8 (Ou a. privatio	Nor When IC-1 & committee	(2) olek bu	liding	i, hoa	100,
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Name of Montoring Firm Hand by Building	Chiner (1)		M No.	N	ame of	Abatement of Contract	SIDEN	DAL.				
Elited Address		-			81	reet Ad	drawa			_			
City, State, Zip Code				-	G	ty, State	etend Av , 25 Code 1 Park, NJ						
Project Manager for Montioring Firm		1	Telepho	na No.	Ti	Highan	No.	U/432	License h	10.		-	-
Blant Desig(10)	Schedu	Mario Co	replation -/19	Date (11)	No	ime of (2-5841 28HA Moris		00158		-		
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^{*} De het use this form for asbestes Sourours exempted activises.

APPR-44 (F-09-00)

⁴ Do not use this form for achieving theirmore government got/fine.

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Check#3271	PAID	N(OS ABAT and 5:16		/IENT				M.		
Date of Notification (1)				T	Name o	f Building	Owner	Operator (2	2)	3.1) E	EB 2	1 1 2	010	100	
02	16 /	19	2	F	Edwin I	Cong				141		LD -	. 1 2	VIJ		en of
Agencies Notified	Type Notification	on			Street A				-	- 1					Lane I	
⊠ EPA						en contractorio					1.04		70		, ii	
□ DOLWD □	☐ Amended				City, Sta	ate, Zip Co	de				F(5)	2.7 = 30		; :		
☑ DHSS	Amendment				3400	City, NJ 0										
DCA (NJAC 5:23-8)	Emergency justification		ding			f Contact	77300			T	Telephon	e Numb	er		-	
(14070 0.20-0)	Cancellation	500		J	ose To	la					enterior -					
				- In		LITY INF	ORM	ATION		1						
Name of Facility Where	Abatement is Tal	kina P	lace (3)	1710				Ty	pe of Facility (4)					
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Apartment building Street Address			-	-						Subchapter 8	Other tha	in K-1 2)) alal bui	Idinas		
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225 Saint Pauls Avenu City (5)	ue, Apt. 8 J								S	quare Feet	# of Flo	ors	Blo	ig. Ag	e	
Jersey City, NJ 07306 County (6)				-	County	Code (7) (STATE	USE ONLY)	C	urrent Use (Prid	or if being	demolis	shed)			
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Hudson Name of Monitoring Fire	n Hired by Buildin	ng Ow	ner (8)]/	ASCM N	lo.	Name	of Abatem	ent	Contractor (9)						
	etal and sur fill from the second state of the second state file						Gr Te	ch LLC								
Street Address								t Address	7000							
							576 V	alley Rd	#28	33						
City, State, Zip Code							-	State, Zip C	-							
							Wayr	ne, NJ 074	70						V-7-2-2-2-2	
Project Manager for Mo	nitoring Firm			Tele	phone N	10.	Telep	hone No.			Licens	e No.				
								38-1777			01127					
Start Date (10)					tion Dat		Name	e of OSHA	Mor	nitor						
02 / 25	/ _19	03	1	09	_ / _	19	Envir	ovision C	ons	sultants,Inc						
Occupancy Status Duri	ng Abatement (C	heck	only o	ne)			Stree	t Address								
☐ Facility Closed/Vaca										oad, Bldg .# 3	35E					
Abatement Performe					s - Des		City,	State, Zip (Cod	e						
Time of Abatement.		C 391/				7101	Fair I	Lawn, NJ						-		-
Scope of Work (Check	all that apply)						-			and decontamin inment with Neg			e pres	sure		
		Ō	ズ Rei	novati	on			Mini-Fr	clo	SUIFE			_			
>3 sf or >3 If > 160 sf or >260 If		Ì	De	molitic	on		F	Gloveb	ag l	Procedure Dipted (*) and No	Tent with	Negativ	e Pres	sure		
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Asbestos-Containin	g Material (ACM)				ely by		stos C	ontaining M	late			ount	Removal	Repair	Encapsulate	Enclosure
TO BE A				intena todial	Staff?	(i.e		mal system: irfacing, VA				ecify or LF)	SVOI	air.	psu	nusc
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Living room and two	bedrooms				\boxtimes	Mastic r	emov	al			800 SF					
Diving room and the				П						4				П	П	П
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Name of Registered W	laste Hauler			N.	IDEP Wast	e Hauler ID No	Cubic	Yards of Wa	aste	Name of Regis	stered Lar	ndfill				
Gr Tech LLC					003378	35	1	ГBD		T.R.R.F. Inc						
City, State							Disp	osal Date		City, State				700.0		
Wayne, NJ 07470							7	ГBD		Tullytown, P	A				572	VEY C
Completed By (Print o	r Type)	Title						Signature	1	Ic Wenas		[Date			27070
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PAT			N	State of New Jers OTIFICATION OF ASBESTO (Pursuant to NJAC 8:60-7 a	SARATEMENT	V337	16	3			
Date of Notification (1)				Name of Building O MERCK SHARP & I	wner/Operator (2	2)		a.	尼	(a)	FIN
2 / 6 /19 Agencies Notified Type Notificati	on		_	Street Address			14	J.	Call	er er e	
EPA Initial No				126 E. LINCOLN AV		2000, RY28-414	11				
DEP X Amende X DOL Cancella	d Notif		n #1	L. T.				4		FEB	2 1 20
DCA On Hold EMERG	ENCY	NOT	IFICAT			Telephone Nu 732-594-7746	mber	Į	Lunes.		PART I FOR I FOR
Name of Facility Where Abatement is Tak	ing DI	200 (3)	FACILITY INFORMA						1 1-	
		acc (0)		Type of Facility School (K					1 - 171111	1 War - VI - Country
MERCK SHARP & DOHME CORPORATIO	N				Subchapt	er 8 (Other than	K-12)				
Street Address 126 EAST LINCOLN AVENUE - BUILDING	22				Square Feet	private & commo	cl. blag	s., ho		etc.) Bldg. Ag	je
City (5) County (County Code (7)	98,230 Current Use (Pr	7 for if being demo	1:-11			71	
RAHWAY				(STATE USE ONLY)	COMMERCIAL)			
Name of Monitoring Firm Hired by Buildir ENVIRONMETAL HEALTH INVESTIGATIO	I g Ow	ner (8 C	3)	ASCM No.	Name of Abate	ment Contracto	r (9)				
Street Address	10, 111	<u> </u>		17	Street Address	MENTAL CORP	ORATI	ON		_	
655 WEST SHORE TRAIL City, State, Zip Code					313 SPOOK RO						
SPARTA, NE	W JEF	RSEY	07871		City, State, Zip (SUFFERN, NE\	V YORK 10901					
Project Manager for Monitoring Firm		Tel	ephon	e Number	Telephone Num		ense N	lumbe	er		
WILLIAM S. KERBEL, CIH Expected State Date (10)	Sah	973	3-729-5	649 etion Date (11)	845-369-7500	460)			- C	
11 / 1 /18	Joca		6 /	30 /19	Name of OSHA AMERISCI LAB	Monitor ORATORIES INC	2	#1	1480		
Month Day Year Occupancy Status During Abatement (Check	N	lonth		Day Year		OTHER INC		π I	1460		
X Facility Closed/Vacated During F	ntire P	eriod	of Aba	atement	Street Address 117 EAST 30TH	STREET					
Abatement Performed Outside of X Other - Describe: SATURD	Norm	al Fac	cility H	ours - Describe:							
SATISTIE	AT /A	IVI-5P	IVI		City, State, Zip (Oode NEW YORK,	NEW	VODI	V 100:	16	
Scope of Work (Check all that apply) Demolition	70			Full Conta	inment with Negat	tive Pressure					A VACUUM
Demolition X >3SF OR LF	Hen	ovatio	on	Mini-Enck	Procedure			_			
>160 SF OR 260 LF				Non-Friab	le Procedure						
Location of Asbestos-containing		Loca	ation used	Description of As	bestos-	2007			Abate	ement T	уре
Material (ACM)		solely		Containing Materi (ie. Thermal sy	al (ACM) stems	Amount (Specify	CONTROL	RE	EN	EN	
TO BE ABATED	100		stodial	insulation, surfaci	ng, VAT,	SF or LF)	I N	Ale	₽ A	15	
in Facility (13)		Staff (12) N/A	or other miscella	neous)		P	~	ENCAPSUL	ENCLOSUR	
3RD FLOOR ROOM 305			Х	FIRE PROOFING DUST		10 SF	X	-	+		PLETE
3RD FLOOR ROOM 303	-	_	X	FIRE PROOFING DUST		10 SF	Х			_	PLETE
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3RD FLOOR ROOM 320		-	x	FIRE PROOFING DUST		10 SF	X	_	-	_	PLETE
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST		10 SF 10 SF	X	-	+	_	PLETE PLETE
3RD FLOOR ROOM 323	_		Х	FIRE PROOFING DUST		10 SF	X		\vdash		PLETE
3RD FLOOR ROOM 325 3RD FLOOR ROOM 326	-	-	X	FIRE PROOFING DUST		10 SF	Х			_	PLETE
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST		10 SF	X				PLETE
3RD FLOOR ROO, 332			X	FIRE PROOFING DUST		10 SF 10 SF	X	-	-	+	PLETE
6TH FLOOR ROOM 614			Х	FIRE PROOFING DUST		10 SF	X				PLETE
2ND FLOOR ROOM 227				FIRE PROOFING DUST		10 SF	Х			1	PLETE
4TH FLOOR ROOM 405 4TH FLOOR ROOM 426		-	X	FIRE PROOFING DUST		10 SF	Х				PLETE
6TH FLOOR ROOM 627				FIRE PROOFING DUST		10 SF	X				PLETE
7TH FLOOR ROOM 724			X	FIRE PROOFING DUST		10 SF 10 SF	X	_	-	1	PLETE
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3RD FLOOR ROOM 324 6TH FLOOR ROOM 621				FIRE PROOFING DUST		10 SF	Х			COMP	
BRD FLOOR ROOM 310				FIRE PROOFING DUST		10 SF	X			COMP	LETE
2			^	THE PROUPING DUST		10 SF	X				
Jame of Register 1147											
Name of Registered Waste Hauler REEHOLD CARTAGE, INC.	NJDE Haule			Cubic Yards of Waste 55	Name of Registere	ed Landfill		ı			
25 HIGHWAY 33		5939		.00	LYCOMING COU 447 ALEXANDER	DRIVE/ROUTE	: MAN. 15	AGEN	MENT	SERVI	CES

City, State
FREEHOLD, NEW JERSEY
Completed by (Print or Type)
BENJAMIN SANCHEZ
Disposal Date
11/01-6/30/19
MONTGOMERY, PA 17752
Date
Director of Operations

		NO	TIFICATI	State of New Jerse ION OF ASBESTOS at to NJAC 8:60-7 ar	SABATEMENT			2	3473
·		COURSESSES.		lame of Building O)			211)
Date of Notification (1)			10.00	IERCK SHARP & D		,			
1 / 31 /19			_	treet Address				-	
Agencies Notified Type Notification				26 E. LINCOLN AVI		2000, RY28-414			
EPA	Notific	n cation #10		ity, State, Zip Code AHWAY, NEW JEF					
X DOH On Hold DCA EMERGE	NCY	NOTIFICATI	100	ame of Contact ATRICIA JOHNSON	N	Telephone Nur 732-594-7746	nber		
Name of Equility Where Abeter and in Table	- DI	(0)	FA	ACILITY INFORMAT					
Name of Facility Where Abatement is Taki	ng Pla	ce (3)			Type of Facility School (K				
MERCK SHARP & DOHME CORPORATION	1				Subchapt	er 8 (Other than I private & commo	(-12) I. bldgs.,	homes,	etc.)
Street Address 126 EAST LINCOLN AVENUE - BUILDING					Square Feet 98,230	# of Floors 7			Bldg. Age 71
City (5) County (6 UNION				ounty Code (7) ATE USE ONLY)	COMMERCIAL	ior if being demo			
Name of Monitoring Firm Hired by Building ENVIRONMETAL HEALTH INVESTIGATION				ASCM No.		ment Contractor		1	
Street Address 655 WEST SHORE TRAIL					Street Address 313 SPOOK RO	OCK ROAD			
City, State, Zip Code SPARTA, NEV	V JEP	SFY 07971			City, State, Zip (Code			
Project Manager for Monitoring Firm	, ocn	Telephone	Number		Telephone Num		nse Nun	nber	
WILLIAM S. KERBEL, CIH	-	973-729-5	649		845-369-7500	460			
Expected State Date (10)	Sch	ed. Comple 6 /	tion Date	e (11) 30 /19	Name of OSHA	Monitor ORATORIES INC		#11480	
Month Day Year Occupancy Status During Abatement (Check		onth	Day			ONATONIES INC	,	#11480	
X Facility Closed/Vacated During Election Abatement Performed Outside of	ntire P	eriod of Aba	tement	scribe:	Street Address 117 EAST 30TH	STREET			
X Other - Describe: SATURD			, , , ,	Jones.	City, State, Zip (
Scope of Work (Check all that apply)		đ		Full Conta	 iinment with Nega	NEW YORK, tive Pressure			16 PE HEPA VACUUM
Demolition X	Rend	ovation		Mini-Enclo	DE ,		<u>~</u> ,	V = 1 VV II	LTILI A VACOUN
X >3SF OR LF >160 SF OR 260 LF		b			Procedure le Procedure				
Location of	100	Location		Description of As	sbestos-			Abat	ement Type
Asbestos-containing Material (ACM)	- PARTON	mally used solely by		Containing Materi (ie. Thermal sy		Amount (Specify	DUST	B EN	E
TO BE ABATED	100000000000000000000000000000000000000	nt/Custodial		insulation, surfaci		SF or LF)	NTR TR	DAIR CAP	16
in Facility (13)	Yes	No N/A		or other miscella	ineous)		P	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305	100	X	FIRE PF	ROOFING DUST		10 SF	X		COMPLETE
3RD FLOOR ROOM 303		X		ROOFING DUST		10 SF	Х		COMPLETE
3RD FLOOR ROOM 304	-	X		ROOFING DUST		10 SF	X		COMPLETE
3RD FLOOR ROOM 319 3RD FLOOR ROOM 320	+	X		ROOFING DUST		10 SF	X	-	COMPLETE
3RD FLOOR ROOM 321	1	X	1	ROOFING DUST		10 SF	x	+	COMPLETE
3RD FLOOR ROOM 323		X	1	ROOFING DUST		10 SF	X		COMPLETE
3RD FLOOR ROOM 325	-	X		ROOFING DUST		10 SF	X		COMPLETE
3RD FLOOR ROOM 326	-	X		ROOFING DUST		10 SF	X		COMPLETE
3RD FLOOR ROOM 327 3RD FLOOR ROO, 332	+-	X		ROOFING DUST		10 SF	X	_	COMPLETE
6TH FLOOR ROOM 614	-	l x		ROOFING DUST		10 SF	X	_	COMPLETE
2ND FLOOR ROOM 227	1	<u> </u>		ROOFING DUST		10 SF	x	_	COMPLETE
4TH FLOOR ROOM 405		X	1	ROOFING DUST		10 SF	X		COMPLETE
4TH FLOOR ROOM 426		X	FIRE PR	ROOFING DUST		10 SF	X		COMPLETE
6TH FLOOR ROOM 627	1	X	FIRE PR	ROOFING DUST		10 SF	X		COMPLETE
7TH FLOOR ROOM 724	-	X		ROOFING DUST		10 SF	Х		COMPLETE
4TH FLOOR ROOM 405	-	X		ROOFING DUST		10 SF	X		COMPLETE
4TH FLOOR ROOM 426 6TH FLOOR ROOM 627	1	X		ROOFING DUST		10 SF	X		COMPLETE
7TH FLOOR ROOM 724		x		ROOFING DUST		10 SF	X	-	COMPLETE
3RD FLOOR ROOM 306		X		ROOFING DUST		10 SF	X		COMPLETE
3RD FLOOR ROOM 322		Х		ROOFING DUST		10 SF	X		COMPLETE
7TH FLOOR ROOM 722		Х		ROOFING DUST		10 SF	Х		COMPLETE
3RD FLOOR ROOM 324		X		OOFING DUST		10 SF	Х		
Name of Registered Waste Hauler	NJDF	P Waste		ards of Waste	Name of Registe	10 SF	Х		
FREEHOLD CARTAGE, INC.	Haule	er ID No.	2200 16	55	LYCOMING COL	JNTY RESOURCE	E MANA	GEMEN	T SERVICES
825 HIGHWAY 33 City, State		15939	Disposal	Date	447 ALEXANDE	R DRIVE/ROUTE	15		
FREEHOLD, NEW JERSEY			11/01-6/3	30/19 Signature	MONTGOMERY,				
Benjamin Sounchez	Div	ortal o	fo.	Signature	130	Date	1	-2	1-19
Denjamin Janchez .	J174	C 10. C	· Op	eva 1107 >	113)	/)	/ / /

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

Name of Building Owner/Operator (*)

33414

Date of Notification (1)					Name of Build MERCK SHAF	ding O	wner/Operator (2)					0111
1 / 22 /19					Street Address								
Agencies Notified Type Notificat						75.00	ENUE, P.O. BOX	2000, RY28-414	1				
EPA Initial No	otificati	on			City, State, Zip	o Code			,				
X DOL X Amende	d Noti	ficatio	n #	9	RAHWAY, NE	W JEF	RSEY 07065						
X DOH On Hold					Name of Conta	act		IT-I					
DCA EMERG	ENCY	NOT	IFICA	TION	PATRICIA JOH		N	Telephone No 732-594-7746					
Name of Facility Where Abatement is Tak	i Di		01		FACILITY INFO		TION	The second second					
Maine of Facility Where Abatement is Tak	ing Pl	ace (3)				Type of Facilit	y (4)					
MERCK SHARP & DOHME CORPORATIO	N						School (K		15 121				
Street Address							X Other (ie.	er 8 (Other than private & comm	K-12)	ac h		oto \	
Street Address 126 EAST LINCOLN AVENUE - BUILDING	22						Square Feet	# of Floors	Ci. Did	ys., 110		Bldg. A	ge
City (5) County (_	-		Carrat C. I	(=)	98,230	7				71	3-
RAHWAY IUNION				(5	County Code (STATE USE ON	(7) VLY)	Current Use (P	rior if being dem	olished	i)			
Name of Monitoring Firm Hired by Buildin	g Ow	ner (8	3)		ASCM		Name of Abate	ment Contracto	or (9)				
ENVIRONMETAL HEALTH INVESTIGATION Street Address	NS, IN	C.			17	7	PAR ENVIRON	MENTAL CORP	ORAT	ION			
655 WEST SHORE TRAIL							Street Address	2017 2012					
City, State, Zip Code	-						313 SPOOK RO						
SPARTA, NET	W JEF						SUFFERN, NEV	W YORK 10901					
WILLIAM S. KERBEL, CIH		1331735		ne Numb	er	110	Telephone Num		ense N	Numb	er		
Expected State Date (10)	Sch			5649 letion Da	to (11)		845-369-7500	46	0				
11 / 1 /18			6 /	iedon Da	30 /19		Name of OSHA AMERISCI LAB	Monitor	0		14400		
Month Day Year Occupancy Status During Abatement (Check	M	lonth		Da		Year	THIRD I CAD	ONATONIES IN		#	11480		
X Facility Closed/Vacated During F	ntire P	eriod	of At	atement			Street Address						
Abatement Performed Outside of	Norma	al Fac	cility F	Hours - D	escribe:		117 EAST 30TF	STREET					
X Other - Describe: SATURD	AY 7A	M-5PI	М				City, State, Zip C	Code					
Scope of Work (Check all that apply)			5		——————————————————————————————————————			NEW YORK	NEW				
Demolition	Ren	ovatio	n		Hull	Contai i-Enclos	nment with Negat	ive Pressure	X	WE	T WIF	E HEF	PA VACUU
X >3SF OR LF >160 SF OR 260 LF					Glov	vebag F	Procedure						
>160 SF OR 260 LF Location of	1 7		1		Non-	-Friable	e Procedure						
Asbestos-containing		Loca mally			Description	of Ast	pestos-				Abate	ement 7	Type
Material (ACM)		solely			Containing N (ie. Thern	nal eve	ii (ACM)	Amount	88	REPAIR	E	E	
TO BE ABATED		nt/Cus		d l	insulation, si	urfacin	g, VAT.	(Specify SF or LF)	I S	PAI	CA	5	
in Facility (13)	Yes	Staff (_	_	or other mi	iscellar	neous)	01 01 21 7	l g	B	ENCAPSUL	ENCLOSUR	
3RD FLOOR ROOM 305	Ties	INO	N/A X		ROOFING DUS	OT.			-		7	교	
3RD FLOOR ROOM 303			X		ROOFING DUS			10 SF	X		-	-	
3RD FLOOR ROOM 304			X	FIRE P	ROOFING DUS	ST		10 SF	X	+	+	+-	
3RD FLOOR ROOM 319			X	FIRE P	ROOFING DUS	ST		10 SF	x	-	+	-	
3RD FLOOR ROOM 320			X	FIRE P	ROOFING DUS	ST		10 SF	X		+	+	
3RD FLOOR ROOM 321 3RD FLOOR ROOM 323			X	FIRE P	ROOFING DUS	ST		10 SF	X	1			
3RD FLOOR ROOM 325		_	X		ROOFING DUS			10 SF	X				
3RD FLOOR ROOM 326			X		ROOFING DUS			10 SF	X	i.	-		
3RD FLOOR ROOM 327			X		ROOFING DUS			10 SF	X				
3RD FLOOR ROO, 332			X		ROOFING DUS			10 SF	X		-	-	
6TH FLOOR ROOM 614			Х	FIRE P	ROOFING DUS	ST		10 SF 10 SF	X	-	1	-	
2ND FLOOR ROOM 227				FIRE P	ROOFING DUS	ST		10 SF	X		-	-	
4TH FLOOR ROOM 405			X		ROOFING DUS			10 SF	X				
4TH FLOOR ROOM 426 6TH FLOOR ROOM 627			X	FIRE PI	ROOFING DUS	ST		10 SF	X				
7TH FLOOR ROOM 724			X		ROOFING DUS			10 SF	Х				
4TH FLOOR ROOM 405			X		ROOFING DUS			10 SF	Х				
4TH FLOOR ROOM 426			X	FIRE PE	ROOFING DUS	T		10 SF	Х			1	
6TH FLOOR ROOM 627		_	X	FIRE PE	ROOFING DUS	T		10 SF	X	_			
7TH FLOOR ROOM 724			X		ROOFING DUS			10 SF 10 SF	X		-		
BRD FLOOR ROOM 306		_	Χ	FIRE PE	ROOFING DUS	Т		10 SF	X				
BRD FLOOR ROOM 322			Х	FIRE PF	ROOFING DUS	Т		0 SF	x				
7TH FLOOR ROOM 722			X	FIRE PF	ROOFING DUS	Т		0 SF	x			- 5	
Name of Registered Waste Hauler	NJDE	D Wa	cto	Cubia V				0A70 8:28					
REEHOLD CARTAGE, INC.	Hauler			OUDIC Y	ards of Waste 55	I.	Name of Registers	d Landfill					
325 HIGHWAY 33		5939				4	YCOMING COUN 47 ALEXANDER	DRIVE/ROUTE	= MAN 15	AGE	NENT	SERV	ICES
City, State FREEHOLD, NEW JERSEY				Disposal		10	ity. State //			-		-	
Completed by (Print or Type) Title				11/01-6/3	30/19 Signature	IN	MONTGOMERY,				1		1
BENJAMIN SANCHEZ DIREC	CTOR	OF O	PER	ATIONS	o.grididie		MX	Date		/	//	7	2/19

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60-7 and 13:120.7)

200 KING 100 G				(Pur	suant	to NJAC 8:60-	7 and 12	2:120-7)						
Date of Notification (1)					ME	ame of Buildin	g Owner & DOHN	r/Operator	(2)					
	/19	25-27			_	reet Address							-	
	Votification						AVENU	F P O BO	X 2000, RY28-4					
EPA DEP	Initial Notific	cation			Cit	y, State, Zip Co	nde	-,	7 2000, 11 120-4	14				
1 1	Amended N Cancellation	lotifica	tion	#8	RA	HWAY, NEW	JERSEY	07065						
X DOH	Sancellation On Hold	7												
	EMERGEN	CY NO	TIFIC	ATION	PA	me of Contact TRICIA JOHNS	IAOS		Telephone N	lumbe	r			
			_			CILITY INFORM			732-594-774	16				
Name of Facility Where Abatemen	t is Taking	Place	(3)		7710	SIETT IN ONK	TVI	pe of Facil	lity (4)					
MERCK SHARP & DOHME CORPO	DATION							School	(K-12)					
	MATION							Subcha	pter 8 (Other than	n K-12)			
Street Address							X	Other (i	e. private & comr	ncl. blo	gs., t	nomes	etc.))
126 EAST LINCOLN AVENUE - BUI							0	Square Fee 98,230	# of Floor	S			-	. Age
DALIMAY	ounty (6) NION				Cou	inty Code (7)	Cur		Prior if being dem	olicho	4)		7	1
Name of Monitoring Firm Hired by	Building O	hunor	(0)		STAT	TE USE ONLY)	100	MMERCIA	L		a)			
ENVIRONMETAL HEALTH INVESTI	GATIONS.	INC.	(0)			ASCM No		ne of Aba	tement Contract	or (9)				
Street Address						17	Stre	et Address	NMENTAL COR	PORA	TION			
655 WEST SHORE TRAIL City, State, Zip Code									S ROCK ROAD					
SPAR	TA, NEW J	FRSE	V 070	71			City	, State, Zir	Code					
Project Manager for Monitoring Firm	, , , , , , , , , , , , , , , , , , ,			ne Numl	ner		SUF	FERN, NE	W YORK 10901		-113,25			
WILLIAM S. KERBEL CIH)-5649	261			phone Nu	227.753.00	cense	Numb	er	-	
Expected State Date (10)	S	ched.	Com	oletion D	ate (1	11)		369-7500 ne of OSH	A Monitor	30				
Month Day Year	8		6 /		30	/19	AME	RISCI LA	A Monitor BORATORIES IN	IC	μ.	11480	,	
Occupancy Status During Abatement	(Check only	Month v one)			ay	Year				•0	#	11480	,	
A IFacility Closed/Vacated D	uring Entire	Daria		batemen	t			et Address	H STREET					
Abatement Performed Ou	tside of Nor TURDAY 7	mal Fa	cility	Hours - [)escri	be:	1.17	CAS1 301	HSIHEEI					
AND SECOND SECOND AND AND SECOND SECO	TUHDAY /	AM-5	-M				City,	State, Zip			-		_	
Scope of Work (Check all that apply)	100000000000000000000000000000000000000		í		9	Full Con			NEW YORK	, NEW	YOR	K 100	16	
Demolition X >3SF OR LF	X Re	enovati	ion			Mini-Eng	los .	i with Nega	ative Pressure	X	WE	T WI	PE HE	EPA VACU
>160 SF OR 260 LF						Gloveba	a Procer	dure						
Location of		Is Loc	ation	T		Non-Fria	ble Proc	edure						
Asbestos-containing	n	ormali		1	C	Description of A ontaining Mate	sbestos	- 4)				Abat	emen	nt Type
Material (ACM)		solel			151	(ie. Thermal s	vstems	vi)	Amount	88	리뀨	E		7
TO BE ABATED in Facility (13)	Ma	aint/Cu		al	in	sulation, surfac	ing. VAT	Γ.	(Specify SF or LF)	120	REPAIR	ENCAPSUL	ENCLOSUR	
20 W.E.C	Ye	Staff s No	(12) N/A		(or other miscell	aneous)		1	ğ	l P	Sc	SC	
3RD FLOOR ROOM 305			X	_	PROC	FING DUST		_				=	Ä	
BRD FLOOR ROOM 303			X	FIRE	ROC	FING DUST			10 SF	X	-	1		
BRD FLOOR ROOM 304			X	FIRE F	ROC	FING DUST			10 SF	X	+	+	+	
BRD FLOOR ROOM 319 BRD FLOOR ROOM 320		1	X	FIRE F	PROO	FING DUST			10 SF	X	-	-	+	
RD FLOOR ROOM 321			X	FIRE F	PROO	FING DUST			10 SF	X	+-	+	+	
RD FLOOR ROOM 323	_	+	X	FIRE F	ROO	FING DUST			10 SF	X	1	+	+	
RD FLOOR ROOM 325	_	+	X	FIRE P	ROO	FING DUST			10 SF	X		+-	+	
RD FLOOR ROOM 326		+	X	FIRE	HOO	FING DUST			10 SF	X				
RD FLOOR ROOM 327			X	FIRE P	ROO	FING DUST			10 SF	X				
RD FLOOR ROO, 332		1	X	FIRE P	ROO	FING DUST			10 SF	Х				
TH FLOOR ROOM 614			X	FIRE P	ROO	FING DUST			10 SF	X				
ND FLOOR ROOM 227				FIRE P	ROOI	FING DUST			10 SF	X				
TH FLOOR ROOM 405			Х	FIRE P	ROOF	FING DUST			10 SF 10 SF	X	_	-	_	
TH FLOOR ROOM 426			X	FIRE P	ROOF	ING DUST			10 SF	X			-	
TH FLOOR ROOM 627 TH FLOOR ROOM 724			X	FIRE PI	ROOF	ING DUST			10 SF	X	-	-	-	
TH FLOOR ROOM 405			X	FIRE P	ROOF	ING DUST			10 SF	X		-	-	
TH FLOOR ROOM 426	-	-	X	FIRE PI	ROOF	ING DUST				x			-	
H FLOOR ROOM 627		-	X	FIRE PI	100F	ING DUST				X				
H FLOOR ROOM 724			X	FIRE DE	ROOF	ING DUST			10 SF	х				
ame of Registered Waste Hauler	NJDF	EP Wa	ste	Cubic Y	ards c	of Waste	Nama -	f Desiri	10 SF	Х				
REEHOLD CARTAGE, INC. 5 HIGHWAY 33	Haule	er ID N	lo.			55	LYCOM	Register	NTY RESOLIDOR	- 1401	100	45.	0=	
y, State		15939		Dier						= IVIAN 15	AGEN	JENT	SERV	VICES
REEHOLD, NEW JERSEY				Disposal 11/01-6/3			City, S	té (/	PA 17752			1	_	
	Title					gnature /	WICHTO	NERY,				/_		1
WIIIT GANGREZ	DIRECTOR	OF C	PER	ATIONS			//	/)	Date		//	1	17	101
				Topic.			V		/	_	11	_	11	1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

33296

					(Pursuani								. 4	
Date of Notification (1)					N:	ame of Bu	ilding O	wner/Operator	(2)					
1 / 11	/19							OHME CORP.						
	Type Notification	nn.				reet Addre								
TEPA I					12	6 E. LINC	OLN AVE	ENUE, P.O. BO	X 2000, RY28-41	4				
DEP	Initial Not x Amended	tificati	ion		Cit	ty, State, Z	ip Code							
X DOL	Cancellat	tion	ilcation	#/	IRA	AHWAY, N	IEW JEF	RSEY 07065						
X DOH	On Hold				Na	me of Cor	atack							
DCA	EMERGE	NCY	NOTIF	ICAT	ION PA	TRICIA JO	nact DHNSON	u	Telephone N	umber				
Nome of Facility 1111						CILITY INF			732-594-7746	5				
Name of Facility Where Abar	tement is Taki	ng Pl	ace (3)	1000000	0.2.7 7 1141	OTTIVIAT	Type of Facili	b. (4)					
MERCK SHARP & DOHME C	OPPOPATION	y.						School (K-12)					
CONTRACTOR OF THE CO	OHPOHATION	4						Subchar	oter 8 (Other than	K-10)				
Street Address		_						/ Other (le	. private & comm	icl. blde	is. h	omes	etc.)	
126 EAST LINCOLN AVENUE	E - BUILDING 3	33						Oquare ree	# of Floors	T	2011	011100,	Bldg. A	lae
City (5) RAHWAY	County (6	5)			Cor	unty Code	(7)	98,230	7				71	
	UNION				(STA	TE USE O	NLY)	COMMERCIAL	rior if being dem	alished)			
Name of Monitoring Firm Hir ENVIRONMETAL HEALTH IN	red by Building	g Owr	ner (8)			ASC	M No.		ement Contracto	- (0)				
Street Address	VESTIGATION	15, IN	C.			1	17	PAR ENVIRON	MENTAL CORP	ORAT	ION			
655 WEST SHORE TRAIL								Street Address		OTIAT	OIV			
City, State, Zip Code						Committee Wood of the		313 SPOOK R	OCK ROAD					
Project Man	SPARTA, NEW	/ JER						City, State, Zip	Code					
Project Manager for Monitoring	Firm		Telep	phone	Number			Telephone Nun	W YORK 10901					556
WILLIAM S. KERBEL, CIH Expected State Date (10)		I.	973-7	729-56	649			845-369-7500		ense N	lumb	er		
11 / Date (10)	/18	Sch	ed. Co	mplet	ion Date (Name of OSHA	Monitor 46	U				
Month Day	Vaar	l M	200	1	30	0 /19		AMERISCI LAE	ORATORIES IN	C	4.	1480		
Occupancy Status During Abate	ement (Chack a	anlua	100		Day		Year			_		1400		
In Iracility Closed/Vac	ated During Ent	tiro D	ariad -	f Abat	ement			Street Address 117 EAST 30TH	LOTOGE					
Abatement Perform X Other - Describe:	led Outside of N	Vorma	al Facil	ity Hou	urs - Descr	ibe:		117 EAST 3011	1 STHEET					
	SATURDA	Y /AI	M-5PM					C:+ . C:						
							- 1	City, State, Zip i	Code					
Scope of Work (Check all that a	apply)			í ^á				City, State, Zip	NEW YORK	NEW	YOR	K 100	16	
Demolition		Reno	ovation	í ^í		Ful	l Contair	ment with Nega	NEW YORK	NEW				PA VACUU
Demolition X >3SF OR LF	X]Renc	ovation			IVIII	Contair ni-Enclos	ment with Nega	NEW YORK					PA VACUU
Demolition X >3SF OR LF >160 SF OR 26				2/2		Glo	 Contair Enclos Enclos Povebag P Novemble	nment with Nega , rocedure Procedure	NEW YORK					PA VACUU
Demolition X >3SF OR LF >160 SF OR 26 Location of	X 50 LF	Is	Locătie	e/*		Glo	I Contair ni-Enclos evebag P n-Friable	nment with Nega rocedure Procedure	NEW YORK			T WIF	PE HEF	
Demolition X >3SF OR LF >160 SF OR 26 Location of Asbestos-containin Material (ACM)	X SO LF	ls norr	Locătii mally u	on sed	C	Glo Nor Descriptio Containing	I Contair ni-Enclos ovebag P n-Friable n of Asb Material	nment with Nega crocedure Procedure estos- (ACM)	NEW YORK	X]WE	T WIF	PE HEF	
Demolition X >3SF OR LF >160 SF OR 26 Location of Asbestos-containin Material (ACM) TO BE ABATED	X SO LF	Is norr	Locătie mally u	on sed	C	Glo Nor Descriptio Containing (ie. Then	I Contain hi-Enclose ovebag P n-Friable n of Asbi Material mal systematics	rment with Nega , rrocedure Procedure estos- (ACM) ems	NEW YORK, tive Pressure Amount (Specify	X]WE	T WIF	PE HEF	
Demolition X >3SF OR LF >160 SF OR 26 Location of Asbestos-containin Material (ACM)	X SO LF	Is norr s Main	Locătii mally u	on sed y	ir	Description Containing (ie. Then insulation, s	I Contair ni-Enclos evebag P n-Friable n of Asb Material mal systems	rment with Nega Procedure estos- (ACM) ems	NEW YORK, tive Pressure	X]WE	T WIF	PE HEF	
Demolition X >3SF OR LF >160 SF OR 26 Location of Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)	X SO LF	Is norr s Main	Locătii mally u olely b t/Custo taff (12	on sed y	ir	Glo Nor Descriptio Containing (ie. Then	I Contair ni-Enclos evebag P n-Friable n of Asb Material mal systems	rment with Nega Procedure estos- (ACM) ems	NEW YORK, tive Pressure Amount (Specify]WE	T WIF	PE HEF	
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	X SO LF	Is nom s Main S	Locătii mally u olely b t/Custo taff (12	on sed y odial t) N/A	ir FIRE PROC	Description Containing (ie. Thermal and thermal containing or other management of the containing of the containing or other management of the containing of the containi	Il Contair ni-Enclos ovebag P n-Friable n of Asbi Material mal syste surfacing niscellane	rment with Nega Procedure estos- (ACM) ems	NEW YORK, tive Pressure Amount (Specify SF or LF)	CONTROL]WE	T WIF	PE HEF	
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 303	X SO LF	Is nom s Main S	Locătii mally u colely b tt/Custo taff (12	on sed y odial t) N/A X F	ir FIRE PROC	Descriptio Containing (ie. Ther nsulation, s or other m	I Contairni-Enclos ovebag P n-Friable n of Asb Material rmal syste surfacing niscellane	rment with Nega Procedure estos- (ACM) ems	NEW YORK, tive Pressure Amount (Specify SF or LF)	X CONTROL X]WE	T WIF	PE HEF	
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 303 RD FLOOR ROOM 304	X SO LF	Is nom s Main S	Locătii mally u colely b nt/Custo taff (12 No	on sed y odial l) N/A X F	FIRE PROC	Description Containing (ie. There insulation, sor other modern or other modern) DEING DU DEING DU DEING DU	Il Contairni-Enclos webag P n-Friable n-Friable Material rmal syste surfacing niscellane	rment with Nega Procedure estos- (ACM) ems	NEW YORK, tive Pressure Amount (Specify SF or LF)	X CONTROL X X]WE	T WIF	PE HEF	
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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	X SO LF	Is nom s Main S	Locătii mally u nolely b tt/Custo taff (12 No i	on sed y odial ()) N/A X F X F X F X F X F X F X F X F X F X	FIRE PROOFIRE PROOFIR	Description Containing (ie. Then insulation, so or other in OFING DU DEING DU	Il Contair ii-Enclos ivebag P n-Friable n of Asb Material rmal syste surfacing niscellane IST ST ST ST ST	rment with Nega Procedure estos- (ACM) ems	Amount (Specify SF or LF) 10 SF 10 SF 10 SF 10 SF	CONTROL X X X X]WE	T WIF	PE HEF	
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MERCK SHARP & DOHME CORPO				,				Туре	of Facility School (K		han K	-12\					
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Project Manager for Monitoring Firm	1, 112.77	ULIV			e Number					V YORK 109							
WILLIAM S. KERBEL, CIH			V0.000 (6)	-729-				,	hone Num	ber	13	ise N	umbe	er			
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1.00

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 Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code Initial Notification DEP Amended Notification #5 RAHWAY, NEW JERSEY 07065 IDOL 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 126 EAST LINCOLN AVENUE - BUILDING 33 Bldg. Age 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 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 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 & 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 Renovation Mini-Enclos, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount DUST REPAIR ENCAPSU Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) LOSUR in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 IX FIRE PROOFING DUST 10 SF X 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 FIRE PROOFING DUST 10 SE X 3RD FLOOR ROOM 320 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 321 X 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 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROO, 332 FIRE PROOFING DUST X 10 SF X 6TH FLOOR ROOM 614 FIRE PROOFING DUST 10 SF X ADDITION TO SCOPE: X 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. 50 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date Gity State FREEHOLD, NEW JERSEY 11/01-6/30/19 ONTGOMERY, PA 17752 Completed by (Print or Type) Signature Date

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

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 /18 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 #4 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number **EMERGENCY NOTIFICATION** DCA 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 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ 6 / 30 /19 AMERISCI LABORATORIES INC #11480 Year 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: MONDAY - FRIDAY 6PM-1:30 AM Other - Describe: City, State, Zip Code Sunday 7am-5pm 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 LE Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) CONTROL Amount ENCAPSU 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 FIRE PROOFING DUST X 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 FIRE PROOFING DUST X 10 SF X 3RD FLOOR ROOM 323 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 325 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 326 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 327 FIRE PROOFING DUST 10 SF 3RD FLOOR ROO, 332 FIRE PROOFING DUST 10 SF 6TH FLOOR ROOM 614 X FIRE PROOFING DUST 10 SF X ADDITION TO SCOPE: X 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. 50 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date FREEHOLD, NEW JERSEY MONTGOMERY, PA 17752 11/01-6/30/19 Completed by (Print or Type) BENJAMIN SANCHEZ Title Signature 8 Date DIRECTOR OF OPERATIONS 6

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of News					Name of Build	0-7 and 12:120-7)						
Date of Notification (1)					MERCK SHARE	ng Owner/Operator & DOHME CORI	or (2)					
11 / 2 /18						a DOMINE COM	.					
Agencies Notified Type Not	tification				Street Address				-			-
EPA Initi	ial Notifi				120 E. LINCOLN	AVENUE, P.O. E	OX 2000, RY2	28-414				
L DEP X Am	ended N	Votifica	ation :	#3	City, State, Zin (ode				_		
Car	ncellatio	n		7.5	HAHWAY, NEW	JERSEY 07065						
	Hold				Name of Contact							
EM	ERGEN	CYNC	DTIFIC	ATION	PATRICIA JOHN	ISON	Telepho	ne Numi	ber			
Name of Facility Where Abatement is					FACILITY INFOR	MATION	732-594	-7746				
where Abatement is	Taking	Place	(3)		The state of the s	Type of Fac	ilia. (4)					
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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 /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 #2 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 # of Floors 126 EAST LINCOLN AVENUE - BUILDING 33 Bldg. Age 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 WILLIAM S. KERBEL, CIH License Number 973-729-5649 845-369-7500 Expected State Date (10) 460 Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6 / /19 AMERISCI LABORATORIES INC Day Year #11480 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: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code SATUDAY 7AM-5 PM , Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 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-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount DUST Material (ACM) ENCAPSUL ENCLOSU REPAIR 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 H 3RD FLOOR ROOM 305 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 304 Ιx FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 319 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 320 FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 321 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 323 X X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 325 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 326 X FIRE PROOFING DUST X 3RD FLOOR ROOM 327 10 SF X FIRE PROOFING DUST 10 SF 3RD FLOOR ROO, 332 X X FIRE PROOFING DUST 10 SF 6TH FLOOR ROOM 614 FIRE PROOFING DUST X ADDITION TO SCOPE: 10 SF 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 50 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City State MONTGOMERY, PA 17752 FREEHOLD, NEW JERSEY 11/01-6/30/19 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Pate of Notification (1) MERCK SHARP & DOHME CORP. 10 /18 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Initial Notification City. State, Zip Code Amended Notification #1 DEP RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact elephone 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) **.** Street Address Other (ie. private & commcl. bldgs., homes, etc.) Square Feet 126 EAST LINCOLN AVENUE - BUILDING 33 # of Floors Bldg. Age 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. ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Name of Abatement Contractor (9) 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 WILLIAM S. KERBEL, CIH License Number 973-729-5649 845-369-7500 Expected State Date (10) 460 Sched. Completion Date (11) Name of OSHA Monitor 11/ 6 / 30 /19 AMERISCI LABORATORIES INC Year #11480 Month Day Occupancy Status During Abatement (Check only one) Year Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition X WET WIPE HEPA VACUUM Renovation Mini-Enclos. >3SF OR LF 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) Amount CONTROL Material (ACM) REPAIR ENCAPSU 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 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 3RD FLOOR ROOM 304 10 SF X FIRE PROOFING DUST X 3RD FLOOR ROOM 319 10 SF X X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 320 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 321 X FIRE PROOFING DUST 3RD FLOOR ROOM 323 10 SF FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 325 X X FIRE PROOFING DUST 3RD FLOOR ROOM 326 10 SF FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 3RD FLOOR ROO, 332 10 SF X X FIRE PROOFING DUST 10 SF 6TH FLOOR ROOM 614 X FIRE PROOFING DUST 10 SF ADDITION TO SCOPE: X 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste FREEHOLD CARTAGE, INC. Name of Registered Landfill Hauler ID No. 825 HIGHWAY 33 50 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State FREEHOLD, NEW JERSEY Disposal Date 11/01-6/30/19 NEGOMERY , PA 17752 Completed by (Print or Type) Title Signatu BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS Date

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified Type Notification EPA DEP X DOL X DOH DCA	
Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA	
EPA DEP X Initial Notification DEP X DOL X DOH DCA	
DEP Amended Notification RAHWAY, NEW JERSEY 07065 X DOL Cancellation Name of Contact Telephone Number	
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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 X Other (ie. private & commcl. bldgs., homes, etc.) Square Feet # of Floors Bldg. Agree Feet 98,230 7 71	ge
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(STATE USE ONLY) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address ASCM No. 17 Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST TRAIL 313 SPOOK ROCK ROAD	
City, State, Zip Code	
SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901	
WILLIAM S KERREL CIH	
Expected State Date (10) (40) (40)	
11 / 1 /18 6 / 30 /19 AMERISCI LABORATORIES INC #11480	
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	
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code NEW YORK, NEW YORK 10016	PA VACUUM
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill	
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FREEHOLD, NEW JERSEY Disposal Date City /State 11/01-6/30/19 MONTGOMERY PA 17752	1
Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATIONS Signature Date Date	HIR

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Date of Notification	n (1)	T GIS	Name of H	Building	Owner/Operat	or (2)		5 E	11	7 1	(22) ····
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Project Manager for M	onitoring Fir	m Tel	ephone Num	mber	Telephone Num			,			
		N/	TT		(973) 744			icense		ber	
Scheduled Start Date 03 04 1	Character Character Character Control of Control	_	etion Date	_ 20 00 011	Name of OSHA						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) FFB 2 1 02 13 19 Clara Maass Medical Center Agencies Notified Type Notification Street Address ☐ EPA 1 Clara Maass Drive □ DOLWD City, State, Zip Code □ DHSS Amendment #1 Belleville, NJ 07109 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Ron Carvalho as agent 908-208-3060 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Clara Maass Medical Center School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 Clara Maass Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Belleville 500.000 4 68 + yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) ESSAY Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Tactics, Inc. N/A MAK-B Pro, Inc. Street Address Street Address 64 Broad Street 104 Market Street City, State, Zip Code City, State, Zip Code Matawan, NJ 07747 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Tom Geiger 732-290-2217 973-931-3293 01365 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 22 / 19 02 / 20 / 20 Same as above Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time City, State, Zip Code of Abatement: __AM-5PM/___PM-2AM Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 If Mini-Enclosure □ Renovation ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Asbestos-Containing Material (ACM) Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A

Completed By (Print or Type)
Kiril Nestorov

Newark Carting, Inc.

3rd Fl. - Elevator Lobby

Name of Registered Waste Hauler

Grd. Fl. - PED/ED Space Expansion

П

Project Manager

X

X

NJDEP Waste

Hauler ID No.

11222

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

Felt Tar/waterproofing

Waste

2

Cubic Yards of

Disposal Date

Signature

3-1-19

Floor Tile

60 SF

150 SF

Name of Registered Landfill

G.R.O.W.S., Inc.

Morrisville, PA

City, State

X

X

Date

П

2-13-19

City, State

Newark, NJ

Check # 1032

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

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Environmental Tactics	s, Inc.			N/A	A	MAK-B Pro, I		o .				
Street Address						Street Address						_
64 Broad Street						104 Market S	freet					
City, State, Zip Code						City, State, Zip Co						
Matawan, NJ 07747						Garfield, NJ (
Project Manager for Monitorir	ng Firm		Tel	lephone	No.	Telephone No.	77 020	11.				
Tom Geiger			1					License No.				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Deborah Dunn 13 19 02 Street Address Type Notification Agencies Notified **⊠** EPA ☐ Amended City, State, Zip Code ☑ DOLWD Amendment #_ X DOH Millville, NJ 08332 ☐ Emergency (including Telephone Number ☐ DCA Name of Contact justification) (NJAC 5:23-8) Bill White ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) ☐ Subchapter 8 (Other than K-12) Dunn Residence Other (i.e., private and commercial buildings, Street Address homes, etc.) Bldg. Age Square Feet # of Floors City (5) 80 2 1,600 Millville Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Residence Cumberland Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Shade Environmental, LLC Management & Enviro. Consulting Services Street Address Street Address 623 Cutler Avenue PO Box 341 City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Chesterfield, NJ 08515 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00842 856-755-0099 609-298-4070 Bill Weisgarber Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EMSL Analytical, Inc. 02 / 25 / 19 02 / 22 / 19 Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Mini-Enclosure □ Renovation $\boxtimes \ge 3$ sf or ≥ 3 lf Glovebag Procedure ☐ Demolition ☐ >160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Enclosure Repair Encapsulate Remova Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A No Yes П \boxtimes 90 SF П **Duct Paper** X Living Room and Dining Room Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. Fairless Landfill Freehold Cartage 1 15939 City. State Disposal Date City, State Morrisville, PA 02/25/2019 Freehold, NJ Date Signature Completed By (Print or Type) Title 21319 Vice President of Operations

State of New Jersey

Christina Lynch

ASB-41 **JAN 13**