CK#27321

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

Date of Notification (1) MERCK SHARP & DOHME CORPORATION Street Address					(Pursu	_	NJAC 8:60-7 an				_				4		
Agencies Notified							Name of Building Owner/Operator (2)										
Agenoties Nulfield Page P	Date of Notification (1)					MER	MERCK SHARP & DOHME CORPORATION										
EPA Pop	3 / 13	15				Stree	et Address								la e		
DEP COLL Cancellation Cancellat	Agencies Notified Type	Notification	n			2000	GALLOPING H	ILL ROAD , K-15-	1 1480			1100	00				
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DOL																	
Name of Contact				ation		1	LLUI OI (III, IIL	02.102.1 0.100.							-		
CA			011			Nam	e of Contact		Telephone	Number	-		17.5		1		
Name of Facility Where Abatement is Taking Place (3)			NCY N	OTIFICA	MOITA	MIKE	LATRONICA						1	25 /2			
Type of Facility (4)			_			FACIL	ITY INFORMAT	ION									
MERCK SHARP & DOHME CORPORATION	Name of Facility Where Abateme	ent is Taki	ing Pla	ice (3)		I AOII	arri iivi Orden-ti		(4)						1		
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ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17			on Own	ner (8)		(CIXII			ment Conti	ractor (9)	//				1		
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Project Manager for Monitoring Firm Telephone Number September Telephone Number September S		RTA, NEW	/ JERS	EY 078	71					901							
WILLIAM S. KERBEL, CIH						nber					Numbe	er			1		
Expected State Date (10) 3 / 30	,	4,000,000								1101							
Month			Scho			Date (11)		Monitor	11101					1		
Month Day Year Month Day Year		/15	Sciic		•	Date (9 6 9900			AL SOLU	TIONS	& TE	CH				
Cocupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 1376 ROUTE 15 1376 ROUT			Mo	500		Dav		GOT ETT I ETT	(OTHINE ITT)	LOOLO							
Abatement Performed Outside of Normal Facility Hours - Describe:								Street Address							1		
Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM Scope of Work (Check all that apply) X					Abaten	nent											
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Sast OR LF X 160 SF OR 260 LF X Clovebag Procedure X Non-Friable Procedure Non-Friable		oly)	_						ative Pressu	ire							
X >160 SF OR 260 LF		72.55/10.	Reno	vation													
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Staff (12)	Asbestos-containing		non	nally us	ed	C				mt R	굒	II E	四				
Staff (12)	Material (ACM)		10000						5 833	ify §	PA	100	15				
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Name of Registered Waste Hauler NJDEP Waste Hauler ID No. S25 HIGHWAY 33 Title S0 S25 S2	in Facility (13)						or other miscella	aneous)		F		⊱	등	1			
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825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 3/30/15 - 8/30/2015 MONTGOMERY , PA 17752 Completed by (Print or Type) Title Signature Date 3//3/////////////////////////////////	그렇게 가장 하다 되면 없어요? 얼마나를 내려가 되었다면 그 때문에 없었다면 하다 때문에	- E-	_								ламас	SEME	NT S	ERVICES	1		
City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title Disposal Date 3/30/15 - 8/30/2015 MONTGOMERY, PA 17752 Date 3/12/1/							555										
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		Title)		-			10			2/	2	110	_	1		
		DIRE	ECTO	ROFO	PERATI	ONS	100	a K		1 -	1/1	2/	12				



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) MARCH 16, 2015				Name of Building Owner/Operator (2) ROBARTS PROPERTY													
Agencies Notified	Type Notification	1		Street Ad 78 DE		ANDIE A	VEN	IUE	5	ing y	1. F.	4.3.4					
DEP DOL	Initial Amended Amendmer				te, Zip Co HAVEN,	de NJ 0770)4				-			•			
DOH DCA	Emergency justification Cancellatio)			Contact ARD GA	RDELLA	Ą			Telephone Number 732-747-0241							
				FACIL	LITY INFO	RMATION	V			1							
Name of Facility Where ROBARTS PROPE	Abatement is Taki ERTY	ng Place (3)						Тур	e of Facility (4 School (K-12								
Street Address 78 DE NORMAND	IE AVENUE							✓	Subchapter of Other (i.e. pretc.)				lings,	home	es,		
City (5) FAIR HAVEN					-2134(-303) 11				are Feet 00 SF	# of 2	Floors		ldg. A 950	ge +YR	S		
County (6) MONMOUTH					Code (7) JSE ONLY)	_	_		rent Use (Prio ESIDENCE	r if beir	ng demolisi	hed)					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.	1	Name Finis	of Al	patement Cont g Touch Ast	ractor	(9) s Abatem	nent C	orp.	, Inc			
Street Address							Street 58 B		ress dway, Unit /	4			1 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×				
City, State, Zip Code							Zip Code anch, NJ 07	7740									
Project Manager for Mor		Telepho	ne No.		Teleph 732.		No. .8372		License N	10.							
Start Date (10) 3/25/15	d Con	npletion I	Date (11)	1	Name N/A	of O	SHA Monitor										
Occupancy Status Durin	o Abatement (Che					Street	Addr	ress									
Facility Closed/Vac				nent			51,000	,									
Abatement Perform Other – Describe:	ned Outside of No					_	City, S	State,	Zip Code								
Scope of Work (Check A	All That Apply)						8	100									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of the sa		olition Mini-Enclosure Glovebag Prod													
							<u> </u>		von-Exempted	(*) and	non-Friai		at the property				
		25500	Locati ormal			-						Abateme Type					
Locatio Asbestos-Containing		Used	d Sole	ly by	Asbes	Desc tos Contai	ription nina N		rial (ACM)	А	mount	W s		m			
TO BE AB	BATED		ntena odial S			thermal sy	ystem	s ins	ulation,	(S	Specify	Re	Z.	nce	Enc		
In Fac (13)	,	Ousi	(12)	Jian :		surfacir other mis	ng, VA scellar	AT, or neous	s)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)		Yes	No	N/A	- 70				-/			<u>a</u>	-	late	лге		
EXTER	RIOR			- X		AC S	SIDIN	١G		1800 SF		X					
KITCH	EN .			X		1	VAT			4	Х						
Name of Registered Wa	ste Hauler	1.33	JDEP W		Cubic Y			Name of F	f Registered Landfill								
Finishing Touch Asl			lauler ID 2068	No.	of Waste 5 Cy	TI-C		Tullytov		4							
City, State Long Branch, NJ 0	7740		Disposal Dat 3/27/15					15 Tullytown, PA									
Completed by Joseph P. Miller	dent			Sig	mature Lyll	e ///	lih			ate 3/16/1:	5						
						11	-							OTTO ST			

CK 1856

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

Date of Notification (1)			Name of	Fuilding Own	ner/Operato	r (2)	979	f ,,	- 1						
Agencies Notified Type Noti	ification		Street A	ddress ,	DII	ILI	. A 55°	T trans			3.5				
☐ EPA ☐ Initia	al			103 V	ritti	ralhe	- Aver	Me.	8 []	12:	11.				
l lead	ended endment#		City, Sta	ate, Zip Code	16	11T D8735									
Eme	ergency (inclustication)	uding	Name of	f Contact	1170)	Telephone Number									
	cellation		Eric P	lackis		(732)899-7499									
Name of Facility Where Abatement	is Taking Di	ace (3)	FACI	LITY INFORM	MATION	Type of Facility (4)									
realite of Facility Where Abatement	is raking rid	ace (3)					52 743								
Street Address	Λ		Λ			Su	hool (K-12) bchapter 8 (Oth					4			
105 hit	timo	able.	HV	e		Ot etc	her (i.e. private	& commerc	ial buil	dings,	home	es,			
City (5) LOUD MPA	He					Square 17.4	Feet # o	# of Floors Blo			ldg. Age				
County (6)	\cap			Code (7) USE ONLY)		Current	Use (Prior if be	ing demolis	hed)						
Name of Monitoring Firm Hired by B	Building Own	er (8)	ASCN	/ No.	Name	of Abate	ment Contractor	(9)							
					Bric	k Indust	ries Inc.								
Street Address					100000000000000000000000000000000000000	Address Box 91	F								
City, State, Zip Code						State, Zip									
						ck, New Jersey 08723									
Project Manager for Monitoring Firm	n	27.	Telepho	ne No.		hone No. 2)899-74	199	License N 01196	No.						
Start Date (10) 3 13 5	Sch	neduled Co	mpletion	Date (11)	Name	of OSHA	Monitor								
Occupancy Status During Abatemen	nt (Check Or	nly One)	1713		Street	Address		7	-		*				
Facility Closed/Vacated During															
Abatement Performed Outside Other – Describe:	or Normal F	acility Hour	S		City, S	State, Zip	Code								
Scope of Work (Check All That Appl	ly)											•			
23 sf or ≥3 lf		Renov			F		ontainment with	Negative I	Pressu	re					
≥160 sf or ≥260 lf	L	Demoli	tion		E		Enclosure bag Procedure								
					L		Exempted (*) an	d Non-Frial	ble Pro						
		is Loca Norma								Abatement Type					
Location of Asbestos-Containing Material (A	ACM)	Used Sole	ely by	Asbestos	Description Containing I		CM) A	mount		TÏ					
TO BE ABATED In Facility		Maintena Custodial	Staff?	(i.e. the	rmal system urfacing, VA	s insulation	on, (S	Specify or LF)	Ren	Re	nca	Encl			
(13)		(12)			ner miscella		0,	01 11)	Remova	Repair	Encapsulate	Enclosure			
	,	Yes No	N/A					*	1		te	0			
							H	SF.	18						
				28				E				24			
Name of Registered Waste Hauler		8	NJDEP W Hauler ID	(100 TO 100 TO 1	ubic Yards Waste	7	Name of Registe	ered Landfil	I						
Brick Industries Inc.		4 8	1602				GROWS	<u> </u>							
City, State				Di	sposal Date	1.5	City, State PA			14 97					
Brick, New Jersey Completed by	ĪŦ	itle			Signatur	\sim	7	D:	ate .						
Eric Plackis		President			Oignatul (W			ste	121	15				

CK cosal3

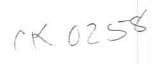
D&S Proj. #: 2015-80

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	11	lame of Bu	lding Own	er/Operator (2)				11:	la .							
0 3 /1 3 /1 5		JOHN FE	RRARA								÷.					
Agencies Notified Type Notification	tion S	treet Addre	SS					=				16. 1				
DEP Amended		188 WAS	HINGTO	ON AVENUE	Ε				200			171				
Amendment #:		ity, State, 2	ip Code									-				
☑ DOL ☑ Emergency		WESTW	OOD, N.	07675												
DOH (including justification)	N	ame of Cor	tact					Telephon	e Numbe	r						
D DCA I	- 11	IOHN F	ERRARA	v				201-29	1.3/36							
Cancellation	1 11	JOHNI			5010 (SW- 14			201-29	+-3430		_	_				
			FACI	LITY INFORMA	OITA	N										
Name of facility where abatement	is taking pla	ace (3)					Type of	Facility (
JOHN FERRARA							F		I (K - 12)			1				
Street Address								_	apter 8 (0 Private/C			-12)				
									Homes,		ICIAI					
188 WASHINGTON AVEN						Square	e Feet	# of Floo	rs	В	dg. A	ge				
City (5)	Cour	nty (6)				inty Code (7)										
WESTWOOD	DE	RGEN		(Sta	(State use only) Current Use (Prior if being demolished)											
WESTWOOD, Name of Monitoring Firm Hired by				ASCM No.	_	Name of Abatement C	ontracto	r (Q)				-				
reame of wormoning time time by	Diag. Owne	i (O)		ASCIVI NO.												
Street Address					_	D & S RESTORA Street Address	TION,	INC.								
Street Address						r seven of seven so to										
City, State, Zip Code					_	20 California Ave City, State, Zip Code	e				-					
Only, Otate, Zip Oode							02									
Project Manager for Monitoring Firm	1	l Ph	one Numb	ar .	-	Paterson, NJ 075 Telephone Number	03		License	Numb	or					
r reject manager for morntoring i in		1	one runio	51		973-345-8020			1	1169	/CI					
Charl Data (40)	I Cab ad	Completio	- D-t- /11	·	_	Name of OSHA Monito	or						_			
Start Date (10)	Sched	. Completic	n Date (11)		D & S Restoration	n, Inc.									
03/17/15	03/31	/15				Street Address										
Occupancy Status During Abatemen						20 California Avenue										
Facility closed/vacated during Abatement performed outside						City, State, Zip Code										
Describe:	ornornar	acility flour	S-													
Other-Describe: NORMAL F	IOURS				_	Paterson, NJ 075	03									
Scope of Work (check all that apply	y) .							inment w	/negative	press	ure					
\boxtimes >3 sf or >3 lf	Renovatio	n				_	ini-encl		023							
≥160 sf or ≥260 lf	Demolition	1				-	-	procedur		friable	proc	dure				
Location of		normally u					1			R	R	E	1			
asbestos-containing	by mainte staff(12)	nance/cust	odial	Descriptio	n of a	sbestos-containing	2000	mount	_	e m	e	n	E n			
material (acm) to be abated in facility (13)			T	material (A	ACM)	•		Specify S .F)	For	0	a	c a	C			
assiss in identify (10)	Yes	No	N/A				'	. ,		v e	i	р	-			
BASEMENT		X		PIPE INSUI	LAT)	ON (WRAP&CUT)	193	LFT		×						
				100												
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler II 06	STATE IN THE STATE OF THE STATE	ubic Yards of W	Vaste	Name of Registered L TULLYTOWN, R		RCE RE	COVER	RY		_				
City, State			Disposal D			City, State										
PATERSON, NJ 07503			5	TULLYTOWN, PA												
Completed by (Print or Type)	Title			Signature					Date							
BOGDAN JOLDZIC	PRESID					03/13	/15									
100 44	110 not	a thin form	or achasta	a liganoura ava	manda	of a akirrikia a										

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

Date of Notification (1) 3/16/2015	1.4	Name of Building Owner/Operator (2) Paterson Public School														
Agencies Notified Type Notification		Street Ac	THE REPORT						F		,					
X EPA X Initial DEP Amended X DOL Amendment #	(City, Stat	te, Zip Coo	de								2				
Emergency (including		Name of	CONTRACTOR C	77 000				Tele	ephone Nu	umber		-				
DOH justification) DCA Cancellation			a Zemo			3)321-0593										
		FACIL	ITY INFO	RMAT	ION											
Name of Facility Where Abatement is Taking Place (3)					_	pe of Facility (
Eastside High School Street Address						×			er than K-	12)						
150 Park Avenue		Subchapter 8 (Other than K-12) Other (i.e. private & commercial build										ings, homes,				
City (5)						Sc	etc.) quare Feet	# of	Floors	В	ldg. A	ge				
Paterson						50	0000	3		-1	60					
County (6) Passaic		County C	Code (7) ISE ONLY)	_			urrent Use (Pri ligh School	or if bei	ng demolis	shed)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM	l No.				Abatement Cor		(9)							
TTI Environmental Inc.							t Diagnostic	LLC								
Street Address 1253 North Church					200000000000000000000000000000000000000	ay	ton Avenue									
City, State, Zip Code Moorestown,NJ 08057							e, Zip Code c,NJ 07055									
Project Manager for Monitoring Firm Jim Guilardi	100	Telephor (856)8	ne No. 40-8800)	Teleph (973		e No. 28-3995		License 01181	No.						
Start Date (10) Schedule 4/04/2015 4/04/20		npletion [Date (11)				OSHA Monitor as above			+						
Occupancy Status During Abatement (Check Only Or	ne)				Street	Adı	dress		1 Y-10.2-			TE 61				
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe:				_	City, S	State	e, Zip Code	1								
Scope of Work (Check All That Apply)																
	Renova Demoliti	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e				
Io	Loooti	0.0			-		Non-Exemple	u () an	a rion i ne	Abatement						
Location of	Locati Normal	ly	D	escription	n of					Туре						
Asbestos-Containing Material (ACM) TO BE ABATED Ma	d Sole intenar todial S (12)	nce/		tos Cor therma surf	ntaining N	Mate s in AT, o	erial (ACM) sulation, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure			
Yes	No	N/A										(D				
2nd Floor	X			6 1	Fire Do	ors	3	12	26 SF	X						
Name of Registered Waste Hauler	N	JDEP W	/aste	Cubi	c Yards	3223	Name of	Registe	ered Landf	fill						
Newark Carting Inc.	Н	lauler ID 4509		of W	aste		GROW	10000								
City, State Newark,NJ				Dispo TBD	osal Date	2	City, Star Morris		A 19067	le.						
Completed by Title Boban Verigik Gene	eral M	lanage	r		Signature	gnature (J					Date 3/16/2015					
ASB-41 (R-06-08)					* Do jo	ot u	se this form fo	r asbes	tos licensu	ıre exen	npted	activi	ties.			



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

Date of Notification (1)							Name of Building Owner/Operator (2) Paterson Public School												
207070	/16/2015							c Scno	01					1			^		
Age	ncies Notified	Type Noti				Street Ad 90 Dela	^{idress} aware A	ve.											
H	EPA DEP	Initia Ame	ıl nded			City, Stat	te, Zip Cod	de											
×	DOL		ndment #		_	Paters	on, NJ 0	7503											
×	DOH		rgency (i fication)	ncluding		Name of	Contact						phone Nur						
×	DCA		cellation			Brenda	a Zemo		(973)321-0593										
						FACIL	ITY INFO	RMATIC	N										
	ne of Facility Where)				of Facility (4)										
	terson Public Sc	hool Nur	nber#2	<u></u>		School (
Street Address											Subchapter 8 Other (i.e. priv				linas.	home	es.		
25	0 Richmond Ave	nue						7.77.000.211		<u> </u>	etc.)			57707 P.					
City										70	re Feet		Floors		ldg. A	ge			
18, 33	terson									4000		2			50	83			
5.55	inty (6)					County C	Code (7) ISE ONLY)				nt Use (Prior nentary Sc			nea)					
1.0 270	ssaic			(0)															
	ne of Monitoring Firm		Building C	wner (8)		ASCM 0003					tement Contr iagnostc L		(9)						
	T Environmental	Inc.				0003	*					LU							
	et Address 53 North Church	Street								Addres	Avenue								
A 1777	, State, Zip Code	Olicei									ip Code								
3.5	orristown, NJ 080	157									NJ 07055								
Project Manager for Monitoring Firm						Telephor	ne No.		Telephone No. License No.										
Jim Guilardi						(856)8	40-8800))928-	***************************************		01181						
						npletion [Date (11)				HA Monitor								
	02/2015			4/07/20							above								
Occ	cupancy Status Durin	g Abateme	nt (Check	Only On	e)				Street	Addres	SS								
×	Facility Closed/Vac Abatement Perform							-	City S	toto 7	ip Code								
-	Other – Describe:	lea Outsiae	OI NOITH	ai Facility	Hours			_	City, S	iale, Zi	ib Code								
Sco	pe of Work (Check A	II That Ann	alve)									_							
		iii mac / ipp	,,,,	X R	onovo	tion			F	7 5	I Containmon	t with	Negative F)recciii	ro.				
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova						I Containmen ni-Enclosure	L VVILI	Negative r	ressu	Е				
									vebag Proce		J NI	In Dea							
									×	ion E	n-Exempted (and	Non-Friat	le Pro		V 10 11 11 11 11 12 1			
				1000	Locat Vormal	267					9			Abatement Type					
,	Location Asbestos-Containing		A CMA		d Sole		Achaet	Des tos Conta	cription		(ACM)	Δ	mount			_			
	TO BE AB		-CIVI)	0.000	intena			thermal				(S	specify	Re	l z	nca	E		
	In Faci	100		Cust	odial (12)	olali r	.532	surfac other m	ing, VA			SF	or LF)	Remova	Repair	spsu	Enclosure		
	(13)			NA CONTRACTOR OF THE PARTY OF T		Τ		outer in	liscellai	ieous)				/al	=	Encapsulate	иге		
				Yes	No	N/A										0.95			
	2nd Floor (I		Trontono -		Х	-		loor tile					00 SF	X					
2nd Floor (two classrooms)					X		F	loor tile	s and	mast	tic	20	00 SF	X					
											11								
Name of Registered Waste Hauler					38	JDEP W		Cubic \			Name of R	egiste	red Landfil						
Newark carting Inc.					10.00	lauler ID 4509	No.	of Was	te		GROWS	and the state of t							
City, State								Dispos	al Date)	City, State	City, State							
Newark, NJ						TBD Morrisville Pa 19067													
Completed by Title						Signature						ate							
Table Tabl				eral N	lanage	r		(1,	, llus		3.	16/20	015					
						1200				/									