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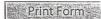
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State of New Jersey	15	U, w	1000				Ë	
TIFICATION OF ASBESTOS ABATEMENT								d F
Pursuant to NJAC 8:60 and 12:120)								

Date of Notification (1)					ng Owner/Operator	-1					-
3.1	17/15					CONTRIAC	TING				_
Agencies Notified	Type Notificatio	n		Address	RT. 50		ACELSTIC		-	. 5.	
	☐ Initial ☐ Amended			tate, Zip						-	=
₩ DOL	Amendment				JFIELD.	N T	08730				
⊠ DOH	Emergency justification			of Conta		10-7	Telephone Num	her			_
2 00 n	Cancellation				BREUN	116-	relepi kile Ivui I	Dei		3	7
						410				-11	
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Name of Facility Where		ng Place (3)				No. of the second	Section 1				
	SIDENCE					Subchapte	12) r 8 (Other than K-1)	2)			
Street Address	WEST. 1	UT-					private & commerci		ldings	,	.00
City (5)	00-245.0					Square Feet	# of Floors	B	ldg. A	\ge	
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County (6)			T Count	y Code (7) (STATE		Prior if being demolis	shed)			
	MAX			ÓNLY)	x	VAC	ANT				
Name of Monitoring Firm	Hired by Building	Owner	ASCM N	lo.	Name of Abatem						
(8) N. / E	`				KLEN	nco In	C.				2200
Street Address					Street Address						
					369	S. Spr	UCE AVE				
City, Ştate, Zip Code					City, State, Zip C	ode		100000	_		
	3.7				MAPL	E SHA	DE N.)	0	80	25	_
Project Manager for Mon	itoring Firm	Tel	ephone N	С	Telephone No.		License No.				
			- 6		856-77	9-0472	10044	4			_
Start Date (10)	Sche	duled Comple	etion Date	(11)	Name of OSHA N		*		20-1-1-10		
Start Date (10) 3/27/15		4/2/1	5	115	J6SEPH	KLEMM	1) R				
Occupancy Status During	Abatement (Che	ck only one)			Street Address		1A	~ ~			
☐ Facility Closed/Vacate						. Spruce	E AVE				_
Abatement Performed	Outside of Norma	i Facility Hou	rs	1	City, State, Zip Co			_	,		
Other - Describe:					MAPLE	THADE	N.) 08	05	2	33	_
Scope of Work (Check all	that apply)				D Full Con	toinmont with Na	gative Pressure				
>3 sf or >3 lf		Renovati	on		Mini-Enc		gauve riessure				
		Demolito				g Procedure	- Fi-LI D4				
					□ Non-Exe	mpted (*) and N	on-Friable Procedur	T	halor	non!	_
*:		Is Location						"	bater Typ		
Location of		Used Soleh			Description of	Y		-		1	
Asbestos-Containing Ma	aterial (ACM)	Maintenan Custodia			os Containing Mate hermal systems in		Amount (Specify	70		En	щ
TO BE ABATE IN Facility	D	Staff?		(i.e.,	surfacing, VAT,		SF or LF)	(em	Repai	aps	ıclo
(13)		(12)			other miscellaneou	(ജ)		Removal	air	Encapsulate	Enclosure
		Yes No	N/A						20	le	.,
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JIDING		-			10110			1			
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15 16	11- 4		JDEP Was	de l	Cubic Yards	I Name of Regi	stered Landfill				
Name of Registered Waste	T		uler ID No.		of Waste	(in a	C 184 11	ıΛ			
KLOMEO	INC.		1901	1)	City State	C, 141. U	-		_	=
City, State		7			Disposal Date	City, State	William IN	7			
	ADE N)			6:	_ WOOK	BINE N	1. 7			=
Completed By	Title)	_	Signature (000	Jake 3/	17	1 15		
MICHAEL KL	tarm)	lice. t	RESIL	XNI							

Check No

2406

Date of Notification (1)					Nome	of Puildi	ng Owner/Operator	(2)		- 1	•						
March 17, 2015																	
Agency Notified	Type	Notification				t Address	n Park Fidelco), LLCC									
Agency Notified	Type	Notification			070500	Broad :		47									
□ EPA	⊠ Initi				10000000												
Not required per State Reg. 10-2004	□ Ame	ended endment #				State, Zip			Da B								
	☐ Eme	ergency (includ	ing		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vark, NJ of Conta		-	Transferred M	rt - 12"							
DOH □ DCA		ification) cellation							Telephone Nu	imber							
D DOX	Li Can	Cenation				hael J. I		A SEE N									
					FAC	ILITY INF	ORMATION										
Name of Facility Where A	bateme	nt is Taking Pla	ace (3)				Type of Facilit	y (4)								
								☐ School (K-1									
Street Address								☐ Subchapter	8 (Other than K-1	2)							
494 Broad Street								homes, etc	rivate & commerc	iai buildii	ngs,						
City (5)								Square Feet	# of Floors	Bldg	. Ag	е					
Newark, NJ 07102								104,438	6	58							
County (6)					Count	y Code (7) (STATE USE		Prior if being demo	olished)		_	_				
Essex					ONLY		5.05	Office	9								
Name of Monitoring Firm	Hired b	y Building Own	er	ASCN	No.		Name of Abatem		9)								
(8)							B&N&K Res	na sees sees '	5015								
Street Address							Street Address	torution oo.	, 1110.			77.					
							223 Randolp	ah Avenue									
City, State, Zip Code							City, State, Zip C					_					
ony, orato, hip obdo							Clifton, NJ 0										
Project Manager for Monit	Project Manager for Monitoring Firm Tele						Telephone No. License No.										
i reject manager for worth	cicpiio	ne No.		973-478-468	4												
Start Date (10)	tion Do	to /11\		Name of OSHA		00210				_							
March 27, 2015		April 05, 2			ite (11)			경우프 용성기 (17)	0	^							
Occupancy Status During	Abatem							ronmentai	Services, L.L	.C.							
Occupancy Status During	Abatell	ient (Check on	y one)			Street Address										
☐ Facility Closed/Vacated	During	Entire Period	of Aba	tement			464 Valley B		e								
Abatement Performed 0 Other - Describe:	Outside	of Normal Faci	lity Ho	ours			City, State, Zip C										
Scope of Work (Check all	that ann	alse)					Lyndhurst, N	NJ 0/0/1-19	98								
	ınaı app	oly)					☐ Full C	Containment with	n Negative Pressu	re							
☐ ≥ 3 sf or ≥ 3 lf						novation nolition	☐ Mini-l	Enclosure									
≥ 160 sf or ≥ 260 If			230		□ Deli	nontion	☐ Glove	ebag Procedure Exempted (*) an	d Non-Friable Pro	cedure							
		Ð.	ī	s Locat	ion			1 (/			A	bate	eme	nt			
2 100	2			Normal								Ту	ре				
Location Asbestos-Containing		al (ACM)		ed Sole		Ashas	Description of stos Containing Ma		A				_				
TO BE AB		(//		aintena Custodi	100705745		, thermal systems i		Amount (Specify		Z	77	Enc	四			
IN Facili	ity			Staff?		11000000	surfacing, VAT	, or	SF or LF)		me	Repair	aps	clos			
(13)				(12)			other miscellane	ous)			Removal	air	Encapsulate	Enclosure			
Yes No						1							Ф				
Roof					N/A	Trans	site panels		4.5	0 sq ft	V						
\						1	- panere			- 54 10	$\overline{}$						
			7.85														
Name of Registered Waste	e Haude	r	Al	JDEP V	Vacto L	laulor	Cubic Yards of	Name of Beri	torod Landell								
B&N&K Restoration Co., Inc., ID No.					rasie F	idulei	Waste	Name of Regis	tereu Lanutiii								
Tri-State Transfer Associates, Inc.					/ 2A4	156	3	Minerva E	nterprises, In	c.							
City, State							Disposal Date	City, State									
Clifton, NJ 07011 / Bronx, NY							3/30/2015 -	Waynesbu	ra. OH								
Completed by Title							4/05/2015 Signature	//	-3,	Date	_	_		_			
							10	3/17/2						2015			



Energency

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Date of Notification (1) 3/16/15					Building C Craft Pri			(2)								
Agencies Notified	Type Notification		100	treet Ad 1815 B	idress ay <i>Tel</i>	rrac	e									
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Coo		91								. 1	
ĭ DOH	Emergency (justification)		N		Contact					Tele	enhone N	lumbe	г			
DCA	Cancellation				ITY INFO	RMAT	ION								-	- 1
Name of Facility Where		g Place (3)						Туре	of Facility (4)						
Randy Craft Private Street Address	e nome	5		., .					School (K-12 Subchapter 8		er than K	-12)				
1815 Bay Terruc	b)	300 300 21 0			·			×	Other (i.e. pr etc.)	ivate 8	k comme			70,700,000		s,
City (5) Ship Bottom NJ 080	091							Squar 1000	e Feet +	# 01	Floors		35	dg. A	ge	
County (6) Ocean					ode (7) ISE ONLY)			Curre	nt Use (Prio	r if bei	ng demol	lished)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.		10000	of Aba	tement Cont	ractor	(9)					
Street Address			-			2	100000000000000000000000000000000000000	Addres	2.0			X				
City, State, Zip Code							City, S	State, Zi	p Code n NJ 0809	21						
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		Telepi	hone No. 753-9	o.	-	License					
Start Date (10)		Schedule	d Com	pletion [Date (11)				A Monitor		00727	-				1111
3/17/15	3/17/15 3/20/1						Sam									
Occupancy Status Durin							Street	Addres	SS							
Abatement Perform	cated During Entire I ned Outside of Norm	nal Facility	batem Hours	city, State, Zip Code												
Scope of Work (Check A				7							- 5/1/					
≥3 sf or ≥3 lf	чи гластърну)	Пв	enovat	ion] Ful	l Containme	ent with	n Negativ	ve Pressure				
≥ 160 sf or ≥260 lf			emoliti					Mir	Containment with Negative Pressure -Enclosure /ebag Procedure							
									n-Exempted		d Non-Fr	riable l	Proc	edur	9	
	*	1000	Locatio						×				-		ment pe	1
Locatio Asbestos-Containing		Used	ormall Solel	y by	Ashesi		escription ntaining I		(ACM)	_	mount					
TO BE AB	BATED	- CONTRACTOR (ntenar odial S			therma	al system	ns insula		(3	Specify F or LF)		Rer	Re	nca	Enc
In Faci			(12)			other	acing, VA miscella	neous)		31	- OI LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ate	æ
Exterior		X		Ext	erior Si	iding		10	000 SF	×						
Name of Registered Wa	aste Hauler		NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste C. D. O.W.S.													
United Containers			22	2459		3 G.H.O.W.S.										
City, State Elm NJ		Disposal Date City, State 3/20/15 Morrisville PA 19067														
Completed by Anthony T Perna	Title Signature Date President 3/16/15															
Antifolity I Fellia		sident				9/10.			10/10							

mpleted by McDonald		Title Preside	nt		The state of the s	Signature .	Mital	2 / Dat	9/10	lis	-	-
y, Slala, Zip Code wark, NJ 07105					Dispo	32 Date	City, State	Zip Code Shem, PA 18015	ini Gai	ρ.		
work Carting, Inc.				DEP Wa Der ID 1 04509	to. of Wa	Yards iste /		Registered Landfill A Bethlahem Land	EN C-			
me of Registered Waste	Hauler	t t	10	DED								\neg
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BASEMENT				3		PIPE		135 ut	×			
RASE E -	The special section is a section of the section of	Yes	No	N/A					181	T.	ii.	une
Location of Asbestos-Containing N TO BS ABA In Pacifity (13)	feterial (ACM) CED.	Use Ma	Normai Normai ed Sole intenar todial \$ (12)	lly lly by nce <i>l</i>	Asbestos Co (Le. therm	Description of the containing	aterial (ACM) insulation,	Amount (Specify SF or LF)	Бепоуві		ype Encapsulas	Encosure
≥3 sf or ≥3 if ≥160 sf or ≥260 if	APPENDIC	0.0	enova emoliti	ian	γ	2	Mini-Endosure Glovebag Prop	ent with Negative P edure (*) and Non-Priabl		cedure		
ope of Work (Check All	That Apply)				-							
Abatement Performer Other - Describe:	ed During Entire F I Outside of Norm	Davind of	hatan	nent		280 H	Address Lyer Street ate, Zip Gode nsack, NJ 07606					
apancy Status During	777777777		ن	ולהו	J (11)	Ome	of OSHA Monitor ga Environment	al Services Inc.				
int Date (10) 3 /6/	15	Schedu	led Co		Date (11)	201-	one No. 262-5841	License t 00156	do.			200000
ect Manager for Monit	toring Firm			7-1-	******	Midla	nd Park, NJ 0743	32				BRIA.II
y, State, Zip Gode				1758			recland Ave. tate, Zip Code					Maria
get Address	and any of the second of	,			- dell'addition de mayor a approprie	Street	Address	IC	D. 44-10-			
ame of MonitorIng Firm	Hired by Building	Owner (8)		AS	CM No.	Name	of Abalement Co AC Contracting Ir	Diffractor (9)	Tame's Hilliams	-		
PASSALC		1 410		County	Code (7) USE ONLY)		Current Use (P	rior if being demolis	hed)			mlet koman
PAS 5.42 C			diani				Square Fost	# of Floors			Age	A COMPANY OF THE PARTY OF THE P
748 3 20	on Aus						国 Other (i.e. etc.)	er 8 (Other than K- private & commen	(2) cial bu	llding	s, hon	105,
treet Address							School (K	-12)				
ame of Facility Where A	batement is Takir	g Place (3)		DIETT INFORM	ATION	Type of Facility	(4)				
	☐ Cancellatio			FA	CILITY INFORM	TION	*****	reliapitotie K	mute	r		
DOH DOA	Emergency justification)	}	-	of Contact	, C_0,		Telephone N	umbo			***
DEP DOL	- Amendmer	nt the	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	City, S	State, Zip Code A & S A C	,, =)ata: 3/16(r	Time	X	0	_
EPA AS		TROL&	1		Address	Rook	Ave E	(\$1007)	79501			-
3/16/15 Agencies Notified	Type Notification		house		YERA H	AMM E	in	Nil Bupt of Health	& Se	nior s	ervic	08
ate di Noniloation (1	4.45 200	201E	t	Name	of Building Own			NA DECL DE LA	YUNVE	An		_
Date of Notification (1,	1.00			a de la constanti	nt to NJAC 8:60	2010 12:726	2)			HEC		

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3/16/15 Agencies Notified Type Notification Str 94 Initial DEP Amended Amendment # Emergency (including	eet Addr 48 Mill y, State, anahav me of C	Creek)		11				1770 - P. 1-1-1	_
Sepa	48 Mill y, State, anahav ime of C	Creek , Zip Code										
DOL Amendment # M Emergency (including	anahav		City, State, Zip Code									
Emergency (including		Name of Contact Telephone Number Allie 609-488-2121										
DCA Calicellation					14							
	FACILI	TY INFORM	MOITAN	1	Tunn of	Facility (4)			_		-07.11-0	-
Name of Facility Where Abatement is Taking Place (3) Allie Eckert Private Home		5			Sc	hool (K-12)	(Other than K-	12)				
Street Address 948 Mill Creek		8			Ot etc	her (i.e. pri\ c.)	rate & commer	cial bui				5,
City (5) Manahawkin NJ 08050					Square 1000+		# of Floors 1		35-	g. Ag F	е	
County (6) Co	ounty Co	ode (7) SE ONLY) _		20.00	Current Home		if being demoli	ished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM N	No.		Name o Perna		ment Contr	actor (9)					
Street Address				Street A								
City, State, Zip Code	72			City, Sta		Code NJ 0809	1		100			
Project Manager for Monitoring Firm To	elephone	e No.		Telepho	ne No.		License 00727					
Start Date (10) Scheduled Comp	oletion,D	ate (11)		856-7 Name o		A Monitor	00727		_			\dashv
3/17/15 3/20/15				Same Street A		,						
Occupancy Status During Abatement (Check Only One)			13	Sileeir	Address	•						
Facility Closed/Vacated During Entire Period of Abatemee Abatement Performed Outside of Normal Facility Hours Other – Describe:	ent		-	City, St	ate, Zip	Code						
Scope of Work (Check All That Apply)							7-3					
≥3 sf or ≥3 lf Renovati ≥160 sf or ≥260 lf	17,000		<u>=</u>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					4			
					1401	I-LXCITIPIOU	() 4.14				ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Is Location Normally Used Solely Maintenan Custodial	y by ce/	(i.e. th	Description of os Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous) Description of Amount (Specify Ser LF)					Damo	Ty	e Encapsulate	Enclosure	
(12) Yes No	N/A	(other m	niscellan	eous)			2	2	ăř	ulate	ure
Exterior Siding	X		Exter	rior Sic	ding		1000 SF	x		tir		
			14									
Marile of Registered Vidate Hadrer	NJDEP Waste											
H	auler ID 2459		of Was	ste	120	G.R.O.\				1		
City, State Elm NJ			Dispos 3/20/	sal Date 15	10	City, State Morrisv	e ille PA 1906	57		4		
Completed by Title Anthony T Perna President	[AND TO				Signature Date 3/16/15							



State of New Jersey

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Date of Notification (1) Superior Notification S	u.			P15 F =	0)	BESTOS ABATEM 2 8:60 and 12:12											
Agencies Notified Spa	25	2.	ţ#	a tys	(2)						18/15	-Date of Notification (1)					
Dep		7.4	-3-	4	Set of the second		et Address		4.	ification							
SOL	_	-						City		ded							
South				8230	N.J. 0		ets.	10 10	no			1.545 (1.555)					
Street Address Stre			ner .	Telentona Niimt		_	ne of Conta	Nan	3	cation)	justific	⊠ DOH					
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address 318 GARTE NSSE 2 D. City (5) County (6) County (7) County (7) County (8) Name of Monitoring Firm County Code (7) (STATE USE ONLY) Name of Monitoring Firm Telephone No				5.701 2	116			1		:IIa IIOri	Carker						
RESIDENCE Street Address 318 CATE NOTE City (5) County (6) County (6) County (7) County (8) Name of Monitoring Firm Telephone No Street Address Street Address Street Address Street Address Street Address City, State. Zip Code City, Stat		8			I v	FORMATION	CILTY IN	F									
Street Address City (5) County (6) County (6) County (7) County (8) County (8) County (9) County (1) Coun				59					ce (3)								
County (6) County (6) County (7) County (8) County (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address City, State, Zip Code	5.	dings		(Other than K-12	Subchapter 8 Subchapter 8 Other (i.e., priv		,	23	- 4			Street Address					
County (6) County Code (7) (STATE Current Use (Prior if being demolished) Vaciant Vaci				# of Floors						(14V)	2 -1						
Name of Monitoring Firm Hired by Building Owner ASCM No	> 1	40						7		70.0	O (24)						
Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9)			hed)	1.75	72. 34	7) (STATE				100	OPE M	County (6)					
Street Address				<u> </u>		Name of Abatem	No.	ASCA			' '						
Street Address 369 S. SPRUCE AUE City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code WAPLE SHAVE N. T. O&C WAPLE SHAVE N. T. O&C WAPLE SHAVE N. T. O&C Start Date (10) Scheduled Completion Date (11) Start Date (10) Start Date (10) Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Street Address Shave Shave N. T. O&C Street Address Street Address Street Address Shave N. T. O&C Street Address					ACO INC	KLEN	conesses	14.000000000000000000000000000000000000			A						
City, State, Zip Code City, State, Zip Code												Street Address					
Project Manager for Monitoring Firm Telephone No Telephone No Standard Constitution Standard Completion Date (11) Name of OSHA Monitor Standard Completion Date (11) Name of OSHA Monitor Standard Completion Company Status During Abatement (Check only one) Street Address Standard Company Status During Abatement (Check only one) Street Address Standard Company Status During Abatement Check only one City, State, Zip Code Marce Ave City, State, Zip Code Marce Check City, State, Zip Code Marce City, State, Zip Code City, State, Zip Cod				CE AVE		369											
Start Date (10) Scheduled Completion Date (11) Scheduled Com	52	ro	09			MAPL						City, State, Zip Code					
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) 23 sf or 23 lf 21 60 sf or 2260 lf Asbestos-Containing Material (ACM) TO BE ABATED IN Facility IN Facility (13) Yes N: N:A Name of Registered Waste Hauler Abatement Performed Outside of Normal Facility Hours 3 Street Address 3 G S S PRUCE Ave Internation Street Address 3 G S S PRUCE Ave Internation Street Address 3 G S S PRUCE Ave Internation Street Address 3 G S S PRUCE Ave Internation Street Address 3 G S S PRUCE Ave Internation Street Address 3 G S S PRUCE Ave Internation Street Address 3 G S S PRUCE Ave Internation Street Address 3 G S S PRUCE Ave Internation Street Address 3 G S S Service Ave Internation Street Address 3 G S S Service Ave Internation Street Address 3 G S S Service Ave Internation Street Address 3 G S S Service Ave Internation Street Address Street A		-	4			856-77				ojest meneger to monte of							
Abatement Performed Outside of Normal Facility Hours Abatement Performed Outside of Normal Facility Hours Other - Describe:				IR		T	ate (11)	15	4/	4/		3/28/15					
Abatement Performed Outside of Normal Facility Hours Ciry, State, Zip Code MAPLE SHAPE N.T 0805≥			`	11	50000				(one)	t (Check only	ing Abatement	Occupancy Status Durin					
Other - Describe: Scope of Work (Check all that apply)				MUE				ement	Abate	nore Period of	ated During Ent	☑ Facility Closed/Vacate					
Salid Sali		2	05	N.T 08	-	Francisco de la companya de la contrata del la contrata de la contrata del la contrata de la contrata del la contrata de la contrata del			., 1100	TYOTHIBIT BOIL	ed Odiside of it	_					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes Normally Used Solely by Maintenance/ (i.e. thermal systems insulation. Surfacing. VAT. or other miscellaneous) TRAM SITE Name of Registered Waste Hauler NIDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No, of Waste Name of Waste	5355		е		losure g Procedure	Min-Enc Gloveba	on secure			Re	all that apply)						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No No No No of Registered Waste Hauler Name of Registered Waste Hauler Location of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) TRANSITE Name of Registered Landfill Hauler ID No, of Waste Cubic Yards Name of Registered Landfill Hauler ID No, of Waste		bater Typ	A														
SIDING X TRAMSITE 3000 \$\forall \times \] Name of Registered Waste Hauler NIDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Cubic Yards Of Waste Of Was	Encapsulate		Remova	(Specify	sulation, or	os Containing Mate thermal systems in surfacing, VAT,		y by ice/	l Solei ntenan istodia Staff?	Used Mair Cr	Material (ACM) TED	Asbestos-Containing M TO BE ABATE IN Facility					
Name of Registered Waste Hauler NIDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No, of Waste Cubic Yards Name of Registered Landfill	е							N/A	110	Yes							
Hauler ID No. of Waste C IAA C IAA II IA		-	X	30004		TRAM SITE		•X -				SIDING					
Hauler ID No. of Waste C. IAA C. IAA I.I. IA.	_	-															
Hauler ID No. of Waste C IAA C IAA I IA	+	-															
Hauler ID No. of Waste C. IAA C. IAA I.I. IA.				red Landfill	Name of Registe	Cubic Yards	Vada T	INERV	I AI			18 1 197					
			A	M 11	C IM (No.	auler ID			7	1/					
City. State Disposal Date City. State		=		er VI. Ve	City, State	Disposal Date	14_	1790	-1-		INC.	SLOWED SINIS STATE					
MAPLE SHADE N.J WOODBINE N.J			J	INE . N						N.J	HANE						
Colo :	15	18	2]	Date	1001	Signature		2	-		, , , , ,	Completed By					

MICHAEL KLEMM.

NOTIFICAT (Pursua

State of New Jersey	~
ION OF ASBESTOS ABATEMENT	147 -
ant to NJAC 8:60 and 12:120)	
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Date of Notification (1) March 17, 2015				Name o	of Building ta's Pari	Owner/ sh	Operato	r (2)	祖 诗 []	Ĉ Ĉh	eck#	1935				
Agencies Notified	Type Notification				Address Vilmont /	Avenu	e		Alle			74	- m			
DEP X DOL	Amended Amendmen				ate, Zip C		17			L. t. /						
▼ DOH DCA	Emergency justification Cancellation)	g		of Contact Hardy					Tel	ephone	Numb	er			
Name of Facility Where	Abatement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Typ	e of Facility (4)						
St. Rita's Rectory		19 1 1000	(0)					Тур	School (K-1							
Street Address 199 Wilmont Aven	ue							×	Subchapter Other (i.e. p etc.)	8 (Oth	er than I & comm	K-12) ercial	buil	dings	, hom	ies,
City (5) Barrington								Squ 5,0	are Feet	# o 2	f Floors			Bldg	Age	
County (6) Camden					Code (7) USE ONLY) <u>-</u>			rent Use (Prid urch	or if bei	ng demo	olishe	d)			
Name of Monitoring Fire MDG Environment	m Hired by Building tal, LLC	Owner (8	3)	ASCI	M No.				nvironmen							
Street Address 1000 Maplewood I	Orive, Suite 207							Addre	ess er Avenue							
City, State, Zip Code Maple Shade, NJ (08052								Zip Code nade, NJ 0	8052						
Project Manager for Mo Chris Macri	nitoring Firm			Telepho 856-7	one No. 55-9300		Telepl	hone I			Licens					
Start Date (10) March 27, 2015	iled Con		Date (11)				SHA Monitor nalytical, In	C.								
Occupancy Status Durin	ng Abatement (Ched	k Only C	ne)				Street	Addre	ess					v		
Abatement Perform	cated During Entire ned Outside of Norm	Period of nal Facilit	Abater ty Hour	nent s					e 130 Nort Zip Code	:h						
Other – Describe: Scope of Work (Check				Cinnaminson, NJ 0						8077						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nii That Αρριγ)	Management .	Renova Demoli	olition Mini-Enclosure Glovebag Proce												
			s Locat							() =		1		Abate	ement	
Locatio Asbestos-Containing		Us	Norma ed Sole	ly by	Asbes		scription		AL (ACM)	Δ,	mount	-		1 y	pe	
TO BE AB In Faci (13)	lity		Maintenance/ ustodial Staff? (12) Asbestos Containing Ma (i.e. thermal systems i surfacing, VAT, other miscellane				s insul T, or	ation,	(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
Rectory K	No XXX	N/A	Lin	مامس	Chast	FI		40	0.05				le			
TREOLOTY IS			LIII	oleum	Sheet	F100	ring	16	0 SF	1	K					
	A							+								
Name of Registered Wa	ste Hauler		0.50	NJDEP Waste Cubic Yards Nar Hauler ID No. of Waste				Name of Registered Landfill								
Freehold Cartage			75,000	2265	110.	10 Cumberland County Landfill										
City, State Freehold, NJ						Dispos 3/30/2	sal Date 2015	60	City, State Newburg							
Completed by Christina Lynch Title Operation					erations Manager Signature					11112	Date 3/17/2015					

CK# 27324

Date of Notification (d)		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nam		wner/Operator (2) , ,				
Date of Notification (1)			MER	CK SHARP & D	OHME CORP.					
3 / 16 /15			Stree	t Address		₽£ 20 €	1 to 1 4			
Agencies Notified Type Noti	fication		126 E	E. LINCOLN AV	ENUE, P.O. BOX	2000, RÝ28-414	1			
DEP X Ame X DOL Can	al Notification ended Notifica cellation			State, Zip Code WAY, NEW JEF	RSEY 07065	4(1)			Τ;	
	Hold ERGENCY N	OTIFICAT		e of Contact IAM MICHELUE	DIS	Telephone Nu	mber	7.5		
Name of Facility Mineral Alexander	T 1.: - B:	(8)	FACILITY IN	IFORMATION						
Name of Facility Where Abatement is MERCK SHARP & DOHME CORPOR.		ce (3)			Type of Facility School (K-		V 12\			
					X Other (ie.	orivate & commo	l. bldgs	., hom	ies, et	c.)
Street Address 126 EAST LINCOLN AVENUE - BUILD	DING 32				Square Feet 120,000	# of Floors 7			dg. Age	
RAHWAY			Coun (STATE	ty Code (7) USE ONLY)	Current Use (Pri	or if being demo	lished)			
Name of Monitoring Firm Hired by BI ENVIRONMETAL HEALTH INVESTIG	uilding Owne ATIONS, INC	er (8)).		ASCM No.	Name of Abates			ON		
Street Address 655 WEST SHORE TRAIL					Street Address 313 SPOOK RO		010111	011		
City, State, Zip Code	, NEW JERS	EY 07871			City, State, Zip C	ode .				
Project Manager for Monitoring Firm		Telephone	Number		Telephone Numb		cense N	lumba	r	
WILLIAM S. KERBEL, CIH		973-729-5			845-369-7500		101	vuiibe	1	
Expected State Date (10)		5 /	tion Date (1 30	1) /15	Name of OSHA AMERISCI LABO	Monitor		#11	1480	
Month Day Year Occupancy Status During Abatement (C			Day	Year						
X Facility Closed/Vacated Duri Abatement Performed Outsi	ing Entire Per	iod of Abat Facility Ho	urs - Describ	e:	Street Address 117 EAST 30TH City, State, Zip C					
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	X Renov	ration		X Mini-Enclo Glovebag	NEV inment with Negati	V YORK, NEW	YORK	10016		
Location of	ls L	ocation		escription of As			T 4	hatan	nent Ty	
Asbestos-containing	norm	ally used	C	ontaining Materia	al (ACM)	Amount		70		
Material (ACM)		lely by		(ie. Thermal sys		(Specify	REMOV	REPAIR	ENCAP	ENCLO
in Facility (13)		/Custodial aff (12) No IN/A	1	sulation, surfacir or other miscella	the second contract of	SF or LF)	OVAL	R	PSULE	.OSURE
7TH FLOOR SOUTHWEST PERIMETE		1	SPRAY ON	INSULATION		50 SF	X		1	Im
	-H						+	-	_	
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										\vdash
AL .										
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler	Waste ID No. 5939	Cubic Yards	of Waste 320	Name of Register	NTY RESOUR		NAGE	MENT	SER
City, State			Disposal Dat		City, State		E 15			
FREEHOLD, NEW JERSEY	Titl -		3/9 -03/30/20)15	MONTGOMERY	, PA 17752	_ /	¥	1	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR	OF OPERA	ATIONS S	Signature	XX	Dat	5/	16,	115	

Date of Notification (1)					e of Building O CK SHARP & D		(2)		*		
5 / 12 /15					CONTRACTOR CONTRACTOR CONTRACTOR	OTIME CORT.					
Agencies Notified Type Not					t Address E. LINCOLN AV	ENUE, P.O. BO	X 2000, RY28-414		-	1	-
DEP X Am	ial Notifica ended No ncellation Hold	otification	#4	City, RAH	State, Zip Code WAY, NEW JEF		\$			P/ 1	
The second secon		CY NOTIF		ION WILL	IAM MICHELUE	DIS	Telephone Nun	nber			
Name of Facility Where Abatement	is Taking	Place (3)	FACILITY IN	FORMATION	Type of Faci	lity (4)				
MERCK SHARP & DOHME CORPOR	RATION		127.			School Subcha	(K-12) pter 8 (Other than F				
Street Address	7-1-1-1-1-1					X Other (i	e. private & commo	. bldgs.			
126 EAST LINCOLN AVENUE - BUILI	DING 32					Square Fee 120,000	t # of Floors 7			g. Age 45	9
	unty (6) ION				ty Code (7) USE ONLY)	Current Use (Prior if being demol	ished)			
Name of Monitoring Firm Hired by B	Building C	Owner (8)		1 (SIAIL	ASCM No.	Name of Aba	tement Contracto				14
ENVIRONMETAL HEALTH INVESTIG	BATIONS	, INC.			17	PAR ENVIRO	NMENTAL CORP	ORATIO	NC		
655 WEST SHORE TRAIL						313 SPOOK					
City, State, Zip Code	NEW I	ERSEY 0	7871			City, State, Zip					
Project Manager for Monitoring Firm	1, 11200			Number		Telephone Nu	EW YORK 10901 mber Lic	ense N	umber		
WILLIAM S. KERBEL, CIH		973-7		V-02111V-		845-369-7500	1				
Expected State Date (10) 3 / 12 /15	s	ched. Co		tion Date (1° 30	1) /15	Name of OSH			24.5.00		
Month Day Year		Month	1	Day	Year	AMERISCILA	BORATORIES IN	;	#11	480	
Occupancy Status During Abatement (X Facility Closed/Vacated Dur Abatement Performed Outs	ing Entire	Period of	f Abat	iement urs - Describ	e.	Street Address			ŧ		
X Other - Describe: MO	NDAY - F	RIDAY 5	PM -	1 AM		City, State, Zip	Code EW YORK, NEW	/OPV 1	0016		
Scope of Work (Check all that apply) Demolition X >3SF OR LF	X R	enovation			X Mini-Enclo	nment with Neg	ative Pressure	OKK	0010		
>160 SF OR 260 LF						e Procedure					
Location of Asbestos-containing		Is Locati normally u			escription of Asl				batem		
Material (ACM)		solely b			ontaining Materia (ie. Thermal sys	60	Amount (Specify	REMOV	REPAIR	ENCAP	ENCLO
TO BE ABATED	N	/laint/Cust		ins	sulation, surfacin		SF or LF)	VON	AIR	AP	10
in Facility (13)	Ye	Staff (12 es No	2) N/A	, ,	or other miscellar	neous)		AL		SULE	SURE
7TH FLOOR SOUTHWEST PERIMET	ER X			SPRAY ON	INSULATION	1	50 SF	Х			111
								_			
	_	-									
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		JDEP Was		Cubic Yards	of Waste	Name of Regist	ered Landfill				
825 HIGHWAY 33	l le	15939		,		447 ALEXAND	DUNTY RESOURCER DRIVE/ROUTE	∟ MAN	AGEN	ENT	SER
City, State FREEHOLD, NEW JERSEY				Disposal Date 3/9 -03/30/20	e 115	CIO, Extre MONTCOMER	V DA 4775		,		\dashv
Completed by (Print or Type)	Title		-	S	ignature	ALON I GOMER	Y , PA 17752 Date	1	10	/10	
BENJAMIN SANCHEZ	DIRECT	OR OF C	PER	ATIONS	16	100		1	12	1/5	,

			(Fulst		0.00-7 and 12:1			4			
Date of Notification	(1)				e of Building O RCK SHARP & [wner/Operator (2	2)	118		10	
3 /	11 /15				et Address						
Agencies Notified	Type Notification	n .				ENUE, P.O. BOX	5.1	1			
□ EPA	Initial No						2000, R120-414				
DEP		Notificati	on #3		State, Zip Code WAY, NEW JE		2				100
X DOL	Cancellat		011 #5	INAL	VVAT, NEVV JE	NSE1 0/005					
Х ДОН	On Hold			Nam	e of Contact		Telephone Num	her			
DCA	EMERGE	ENCY NO	TIFICAT	TION WILL	LIAM MICHELUI	DIS					
				FACILITY IN	FORMATION		1				
Name of Facility Wh	ere Abatement is Tak	ing Place	(3)			Type of Facility	y (4)				
						School (K					
MERCK SHARP & D	OHME CORPORATIO	N				Subchapte	er 8 (Other than k	(-12)			
Street Address						X Other (ie.	private & commol	. bldgs	., hom	es, et	c.)
	AVENUE - BUILDING	32				Square Feet	# of Floors		Blo	lg. Ag	9
City (5)	County (4. O - 1 - (7)	120,000	7			45	
RAHWAY	UNION	0)			ty Code (7) E USE ONLY)		ior if being demoli	shed)			
The Control of the Co	Firm Hired by Buildin	na Owner	(8)	(STATE)	ASCM No.	VACANT	ment Contractor	- (0)			W_
	ALTH INVESTIGATIO		(0)		17		MENTAL CORPO		NC		
Street Address						Street Address	WENTAL CONT	JIMIN	OIN		
655 WEST SHORE T	RAIL					313 SPOOK RC	CK ROAD				
City, State, Zip Code						City, State, Zip C	Code				
5 : 111	SPARTA, NE					SUFFERN, NEV					
Project Manager for M				Number		Telephone Numi	ber Lic	ense N	lumbe	Γ	
WILLIAM S. KERBEL			73-729-5			845-369-7500	111	01			
Expected State Date	100 TO 10	Sched.		etion Date (1	*	Name of OSHA			*********	W1040000000	
50.00	12 /15 Dav Year	Monti	5/	30 Day	/15	AMERISCI LAB	ORATORIES INC		#11	480	
	ring Abatement (Check			Day	Year	Street Address					
	osed/Vacated During Er			tement		117 EAST 30TH	STREET				
Abatemen	t Performed Outside of	Normal F	acility Ho	ours - Describ	e:	The Energy Conn	OTKELT				
X Other - De	scribe: MONDAY	- FRIDA	75 PM -	1 AM		City, State, Zip C					
Scope of Work (Check	د ما المحمد فعطة الح					NE\	W YORK, NEW Y	ORK 1	0016		
Demolition		Renovat	ion		X Mini-Enclo	inment with Negati	ive Pressure				
X >3SF OR			1011	ŀ		Procedure					
>160 SF C	OR 260 LF					le Procedure					
Loca	ition of	ls Lo	cation		Description of As	bestos-		ΙΔ	batem	ent T	/D0
Asbestos	-containing	norma	lly used		ontaining Materia		Amount			_	
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	ABATED	Maint/C	ustodial	in	sulation, surfacio	ng, VAT,	SF or LF)	0	AR.	AP	5
in Fac	ility (13)		(12)		or other miscella			VAL.		ENCAPSULE	SURE
		Yes No	N/A							E	RE
7TH FLOOR SOUTH	WEST PERIMETER	X		SPRAY ON	INSULATION		50 SF	X			
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Name of Registered W		NJDEP		Cubic Yards		Name of Register					
FREEHOLD CARTAG	E, INC.	Hauler II			320	LYCOMING COL			IAGE	MENT	SER
825 HIGHWAY 33 City, State		159	139	Dioposel D	10	447 ALEXANDER	R DRIVE/ROUTE	15			
FREEHOLD, NEW JE	RSEY			Disposal Dat 3/9 -03/30/20		Zity, State MONTGOMERY	DA 17750			2	
Completed by (Print or	Type) Title				Signature	THE WILLIAM	, PA 17752 Date	-	1	1	$\overline{}$
BENJAMIN SANCHEZ		CTOR O	F OPER	ATIONS	1-1)	00	Date	</td <td>11</td> <td>11.5</td> <td></td>	11	11.5	
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Date of Notification (1)			g Owner/Operator (2 & DOHME CORP.	2)				
and the control of th		Street Address						
3 / 9 /15 Agencies Notified Type Notification	n		AVENUE, P.O. BOX	2000, RY28-414	1.5			2
EPA Initial Not DEP Amended X DOL Cancellat	Notification	City, State, Zip C RAHWAY, NEW		Å.		i.	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
X DOH X On Hold EMERGE	#2 NCY NOTIFICATI	Name of Contact	ELUDIS	Telephone Num	her			
		FACILITY INFORMATION						
Name of Facility Where Abatement is Tak MERCK SHARP & DOHME CORPORATIO			Type of Facilit School (K	-12) er 8 (Other than K	-12)			
Street Address			X Other (ie.	private & commol. # of Floors	bldgs.,		s, etc	
126 EAST LINCOLN AVENUE - BUILDING			120,000	7		,	45 45	
City (5) County (RAHWAY UNION	8. 1 .	County Code (7) (STATE USE ONL		rior if being demoli	shed)			
Name of Monitoring Firm Hired by Buildir ENVIRONMETAL HEALTH INVESTIGATIO		ASCM N		ment Contractor		ON.		
Street Address 655 WEST SHORE TRAIL	10, 110.		Street Address		7101110	-		
City, State, Zip Code			City, State, Zip	Code				
SPARTA, NEV	V JERSEY 07871 Telephone	Number	SUFFERN, NET		ense N	umher		
WILLIAM S. KERBEL, CIH	973-729-5		845-369-7500	110		umber		
Expected State Date (10) 3 / 9 /15	Sched. Comple	tion Date (11) 30 /15	Name of OSHA	Monitor ORATORIES INC		#11	480	
Month Day Year	Month	Day Ye	ar	ORATORIES INC		m i i	400	
Occupancy Status During Abatement (Check X Facility Closed/Vacated During El Abatement Performed Outside of	ntire Period of Abat		Street Address 117 EAST 30TH	HSTREET				
X Other - Describe: MONDAY	- FRIDAY 5 PM -	1 AM	City, State, Zip	Code W YORK, NEW Y	OPK 1	0016		
Scope of Work (Check all that apply) Demolition X >3SF OR LF	Renovation	X Mini-E	containment with Nega Enclos , Ebag Procedure			0010		
>160 SF OR 260 LF			riable Procedure					
Location of Asbestos-containing Material (ACM)	Is Location normally used solely by	Description of Containing M	aterial (ACM) al systems	Amount (Specify	REMOV	Batem	ent Ty ENCAP	pe ENCLO
TO BE ABATED in Facility (13)	Maint/Custodial Staff (12) Yes No N/A	insulation, su or other mis	and the same and the same of the same and th	SF or LF)	VAL	.R	PSULE	OSURE
7TH FLOOR SOUTHWEST PERIMETER	х	SPRAY ON INSULATION	ON	50 SF	X			111
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97								
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registe	ered Landfill				
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No. 15939	320		UNTY RESOURCER DRIVE/ROUTE		IAGEI	MENT	SER
City, State FREEHOLD, NEW JERSEY		Disposal Date 3/9 -03/30/2015	City, State	PA 17752		,	,	
FREEHOLD, NEW JERSET		3/3 -03/30/2013	INCOM DO DIAL N	y, 1 1 11102		/		

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				MER	CK SHARP & DC	ner/Operator (2)					İ
Date of Notification (1)					711112 001117					-
2 /	24 /15				Address	DO DOV 20	00 PV29 414				
Agencies Notified	Type Notification					NUE, P.O. BOX 20	00, 17120-414				F
EPA	X Initial Notific			City,	State, Zip Code	CEV 07065					
DEP	Amended N			RAH	WAY, NEW JER	SEY 0/000	55				
X DOL	Cancellation	1		Name	of Contact	1	Talanhone Numbe	er			
X DOH	On Hold EMERGEN	ICY NOTI	FICATION	100000000000000000000000000000000000000	IAM MICHELUD	IS					
DCA	LEMERGEN	ICT NOTE			FORMATION					_	
5 = 104 10 Hz	Shetement is Takin	a Diace I		CILITIN	FORMATION	Type of Facility	(4)				
Name of Facility Who	ere Abatement is Takin	ig Flace (9)			School (K-1					
	= coppopation					Subchapter	8 (Other than K-1	2)			
MERCK SHARP & DO	OHME CORPORATION					X Other (ie. pr	ivate & commol. b	oldgs., l	homes	, etc.)	
Street Address						Square Feet	# of Floors		Bldg.		
126 EAST LINCOLN	AVENUE - BUILDING 3	3				120,000	7		4	5	
	County (6			Cour	ty Code (7)	Current Use (Prio	r if being demolish	ned)			
City (5)	UNION	,			E USE ONLY)	VACANT					
RAHWAY	Firm Hired by Building	Owner (8)		ASCM No.	Name of Abatem	ent Contractor (9)			
ENVIRONMETAL HE	ALTH INVESTIGATION	IS, INC.	500 4 00	te:	17	PAR ENVIRONM	IENTAL CORPO	RATIO	N		
Street Address					1	Street Address	OK DO A D				
655 WEST SHORE	TRAIL					313 SPOOK ROO				-	
City, State, Zip Code			5.757/5/07/07			City, State, Zip Co	ode VORK 10901				1
	SPARTA, NEW	/ JERSEY	07871			Telephone Numb		nse Nu	ımber		-
Project Manager for N	Monitoring Firm	Te	lephone N	lumber		100 March 1988 (1988)	110				
WILLIAM S. KERBEI	L, CIH		3-729-564			845-369-7500	1 1207000	1			
Expected State Date		Sched.	Completi			Name of OSHA	ORATORIES INC		#114	180	
3 /	9 /15		5 /	30) /15 Year	AIVIERISCI LABO	DIATORIES INS		20.00		
Month	Day Year	Month	1	Day	Teal	Street Address					
Occupancy Status Di	uring Abatement (Check	only one)	d of Ahate	ment		117 EAST 30TH	STREET				
X Facility C	losed/Vacated During Er nt Performed Outside of	Normal Fa	acility Hou	rs - Descr	ibe:						
	nt Performed Odiside of Jescribe: MONDAY	- FRIDAY	5 PM - 1	AM		City, State, Zip C	ode		2242		
X Other - D	rescribe.				The second of th		W YORK, NEW Y	ORK 1	0016		
Scope of Work (Che	ck all that apply)					ainment with Negati	ve Pressure				
Demolitio		Renovat	tion		X Mini-Enc	ot, g Procedure					
X >3SF OF					Non Fria	ble Procedure					
>160 SF	OR 260 LF	_						Δ	batem	ent T	vpe
Lo	cation of		cation		Description of A Containing Mater		Amount	_			
Asbesto	os-containing	0.000	illy used		(ie. Thermal s		(Specify	REMOVA	REPAIR	ENCAPS	ENCLOS
	erial (ACM)		ely by		insulation, surface		SF or LF)	2	AR	AP	0
TO B	E ABATED		Custodial		or other miscel	4		P			1
in F	acility (13)		ff (12) o N/A		or other miscer	iancoac,				ULE	RE
		Yes N	O INA				50 SF	x			
7TH FLOOR SOUT	HWEST PERIMETER	X		SPRAY (ON INSULATION		50 SF	1^		1	+
7 1111 LOCK 3001						200	27		-	1	1
10 S		+++	-		, and		200				
					3, 10	* * * * * * * * * * * * * * * * * * * *			1		1
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		++	-			- a					
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					50.000			-	-	+	+-
		+									1_
		++	-	1							
							+	+	1	1	
							1				-
	d Maste Hauler	NJDF	P Waste	Cubic Y	ards of Waste	Name of Regis	tered Landfill	OF MA	ANIAC	ENTER	IT SE
Name of Registerer	TAGE INC		ID No.		320	LYCOMING CO	DUNTY RESOUR	CE IVIA	NAG	-IAIC1	I OE
825 HIGHWAY 33	IAOL, IIIO.	100000000000000000000000000000000000000	5939				ER DRIVE/ROUT	LIJ			
City, State				Disposa	I Date	City, State MONTGOMER	RY PA 17752			1	
FREEHOLD, NEW	/ JERSEY			3/9 -03/	30/2015 Signature	INIONIGONE	ID	ate_	65	1/1	_
Completed by (Prir	nt or Type)	tle IRECTOR	OF OPE	RATIONS	Signature	e /		2	123	11-	2
BENJAMIN SANC		IKECTOR	OF OPE	MATIONS		1		-	1		





CK-4715

Date of Notification (1) 3/18/15				Building Ov Lampone		ata Ham	00	*, 3 * 1	4.5						
Agencies Notified Type Notification			reet Add	dress t Ocean	/iew		150.5	50 €+1	to a	1					
EPA Initial Amended Amendment #				e, Zip Code a Park N		008		. 7	MAR.	II.					
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	100	ame of ()onna	Contact					Tele	phone N	umbe	ir.			
			FACIL	ITY INFOR	MAT										
Name of Facility Where Abatement is Taking Donna Lampone private Home Street Address	Place (3)			4			So	Facility (4 hool (K-12 bchapter	2) 8 (Othe	er than K-	-12)				
22 West Oceanview Dr				F	6		Ot etc	her (i.e. p c.)	rivate 8	commer	rcial b	ouildi	ngs, i	nome	s,
City (5) Peahala Park NJ 08008							Square 1000+	•	1+	Floors		35	dg. Aç i+	je	
County (6) Ocean			ounty C	ode (7) SE ONLY)			Current Home	Use (Pric	r if beir	ng demol	ished)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		Name o		ment Con	tractor	(9)					
Street Address						Street A									
City, State, Zip Code	3					City, Sta	ate, Zip		01						
Project Manager for Monitoring Firm		T	elephor	ne No.		Telepho	one No.		01	License					
Charl Date (40)	Scheduled	Com	nletion [Tate (11)	-	856-7		A Monitor		00727					
Start Date (10) 3/19/15	3/23/15		pietion t	Jale (11)		Same)								1
Occupancy Status During Abatement (Check						Street A	Address								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility F	ateme lours	ent		-	City, St	State, Zip Code								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
	1-1			,			14011	-LXCITIPLO	4 () 411	0 1101111			Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	No Used	ocation ormally Solel otenantial dial S	y y by nce/		os Co	escription ntaining M al systems facing, VA	aterial insulat		(Amount Specify F or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
(13)	Yes	(12) No	N/A	-		miscellan						oval	air	sulate	sure
Exterior Siding	165	NO	X		Ext	terior Sic	dina		1:	100 SF		x			
Exterior ording			<u> </u>				3								
										5					
Name of Registered Waste Hauler		100	JDEP V			ic Yards /aste			STATE OF THE STATE	ered Lan	dfill				
United Containers		70000	2459	INU.	3			G.R.O.							
City, State Elm NJ					osal Date 3/15		City, Sta Morris		A 1906	7					
Completed by Anthony T Perna	Title Presid	dent				Signature	1	7			Date 3/1	e 8/15	5		

NO CK

Date of Notification (1)			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.										
3 / 16 /15					OT HAIL COINT.	11							
Agencies Notified Type Notification	ation			et Address	ENUE DO POY	2000, RY28-414	2 5-	٠.					
EPA	Notification ded Notific llation Id	n cation #6	City, RAH	State, Zip Code WAY, NEW JEF e of Contact	RSEY 07065			€ દ					
	GENCTI			LATRONICA									
Name of Facility Where Abatement is T		ace (3)	FACILITY IN	NFORMATION	Type of Facilities School (k Subchapt X Other (ie.		K-12)	hom	es etr				
Street Address	10.00	1000			Square Feet	# of Floors	T		lg. Age				
126 EAST LINCOLN AVENUE - BUILDIN City (5) Count			1 0		96,000	7			49				
RAHWAY UNION Name of Monitoring Firm Hired by Buil	1	201 (0)		ty Code (7) E USE ONLY)	VACANT	rior if being demo	1.5						
ENVIRONMETAL HEALTH INVESTIGAT	TONS, IN	IC.		ASCM No.		ment Contracto		ON					
Street Address 655 WEST SHORE TRAIL					Street Address 313 SPOOK R		OTOTT	OIV					
City, State, Zip Code					City, State, Zip	Code				$\neg \neg$			
SPARTA, N	IEW JER	Telephone	Number			W YORK 10901							
WILLIAM S. KERBEL, CIH		973-729-56			Telephone Num 845-369-7500		cense N 01	lumbe	r				
Expected State Date (10)	Sch		tion Date (1	1)	Name of OSHA		UI			-			
11 / 5 /14 Month Day Year	Mo	8 /	15 Day	/15 Year	AMERISCI LAE	BORATORIES IN	С	#11	480				
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: MOND	Entire Pe	eriod of Abat	urs - Describ	oe:	Street Address 117 EAST 30Th City, State, Zip	Code			4				
Scope of Work (Check all that apply) Demolition 3SF OR LF × 160 SF OR 260 LF	Reno	ovation		Mini-Enclo Glovebag	inment with Nega	W YORK, NEW tive Pressure	YORK	10016					
Location of	Is	Location		Description of As	The state of the s		T /	Abaten	ent T	vne -			
Asbestos-containing		mally used		ontaining Materia	al (ACM)	Amount			1				
Material (ACM) TO BE ABATED	- 1	solely by nt/Custodial	in	(ie. Thermal sys sulation, surfacir		(Specify	REMOV	REPAIR	ICA	ENCLO			
in Facility (13)	10000000	taff (12)	I/	or other miscella	1000	SF or LF)	VAL	R	ENCAPSULE	OSURE			
4TH FLOOR ROOM 406	χ.		SPRAY ON	INSULATION		80 SF	x	1	1	1111			
ADDITION TO SCOPE:					10					\Box			
ROOF	х		BUILT UP F	ROOFING		16,000 SF	X			\Box			
	_												
REDUCTION IN SCOPE (SEE BELOW)	-							_	_				
4TH FLOOR ROOM 418	X		SPRAY ON	INSULATION		40 SF	Х						
5TH FLOOR ROOM 551	X		SPRAY ON	INSULATION		40 SF	X						
6TH FLOOR ROOM 613	Х		SPRAY ON	INSULATION		40 SF	X						
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State	Haule	er ID No. 15939	Disposal Da	320 te	447 ALEXANDE City State	UNTY RESOURCE MANAGEMENT SER P DRIVE/ROUTE 15							
FREEHOLD, NEW JERSEY Completed by (Print or Type)	tle		9/15-08/15/2	2015 Signature	MONTGOMERY			/	_/	-			
DE1/141001-6-11-1		OF OPER		orginal die	$\mathcal{D}()$	Dat	<u></u>	116	1/1	5			

Date of Notification (1)		Name of Building (MERCK SHARP & I		(2)							
11 / 4 /14		Street Address					_				
Agencies Notified Type Notificat	ion	126 E. LINCOLN AV	/ENUE, P.O. BO	X 2000, RY28-414	4 7 V						
DEP x Amende X DOL Cancell	otificatior ed Notification #5 ation	City, State, Zip Code RAHWAY, NEW JE	е	-			<u> </u>				
X DOH On Hold	I ENCY NOTIFICAT	Name of Contact FION MIKE LATRONICA	1212	Telephone Nur	nber 👉	-					
		FACILITY INFORMATION									
Name of Facility Where Abatement is Ta	king Place (3)		Type of Facili								
MERCK SHARP & DOHME CORPORATI	ON		School (I	ter 8 (Other than I	K-12)						
Street Address			X Other (ie	private & commo	l. bldgs		nes, e				
126 EAST LINCOLN AVENUE - BUILDIN	3 33		96,000	7	,		g. Agt 49	5			
City (5) County RAHWAY UNION		County Code (7) (STATE USE ONLY)	Current Use (F VACANT	Prior if being demo	lished)						
Name of Monitoring Firm Hired by Build ENVIRONMETAL HEALTH INVESTIGATI		ASCM No.		ement Contracto		200					
Street Address	ONS, INC.	17	Street Address	NMENTAL CORPO	JRATIC	N					
655 WEST SHORE TRAIL			313 SPOOK R	OCK ROAD							
City, State, Zip Code SPARTA, NE	W JERSEY 07871	Î	City, State, Zip SUFFERN, NE	Code W YORK 10901							
Project Manager for Monitoring Firm	Telephone	e Number	Telephone Nur		ense N	umbe	i i				
WILLIAM S. KERBEL, CIH	973-729-5		845-369-7500 1101								
Expected State Date (10) 11 / 5 /14	Sched. Comple	etion Date (11) 30 /15									
Month Day Year	Month	Day Year	AMENIOCIEA	BOINT ONIES IN	_	#1	1480				
Occupancy Status During Abatement (Che X Facility Closed/Vacated During		hatamant	Street Address								
Abatement Performed Outside	of Normal Facility	Hours - Describe:	117 EAST 30T	HSIREEI							
X Other - Describe: Monday	-Friday 5am-1:30	om.	City, State, Zip		27533 1416C-2						
Scope of Work (Check all that apply)		Full Conta	NE ainment with Neg	W YORK, NEW Y	ORK 1	0016					
Demolition	Renovation	Mini-Encl	0:,	dave i ressure							
>3SF OR LF X >160 SF OR 260 LF			Procedure								
Location of	Is Location	Description of A			T		4 T				
Asbestos-containing	normally used	Containing Mater	ial (ACM)	Amount		batem 20		_			
Material (ACM) TO BE ABATED	solely by	(ie. Thermal sy	stems	(Specify	REMOVAL	REPAIR	ENCAPS	ENCLOS			
in Facility (13)	Maint/Custodia Staff (12)	insulation, surfactor or other miscell		SF or LF)	X	R	PSI	OSI			
	Yes No N/A	or other miscent	aneous)		-		ULE	URE			
4TH FLOOR ROOM 406	х	SPRAY ON INSULATION		80 SF	X						
ADDITION TO SCOPE:											
ROOF	X	BUILT UP ROOFING		16,000 SF	x						
REDUCTION IN SCOPE (SEE BELOW)											
4TH FLOOR ROOM 418	x	SPRAY ON INSULATION		40 SF	х						
5TH FLOOR ROOM 551	x	SPRAY ON INSULATION		40 SF	X						
6TH FLOOR ROOM 613	X	SPRAY ON INSULATION		40 SF	Х						
Name of Registered Waste Haule	NJDEP Waste	Cubia Vanda of Monta	Iv. (D.)								
FREEHOLD CARTAGE, INC.	Hauler ID No.	Cubic Yards of Waste 320	Name of Regist	ered Landfill UNTY RESOURC	F MAN	AGEN	MENIT	SEDI			
825 HIGHWAY 33	15939	NA. 29-2-22	447 ALEXANDE	ER DRIVE/ROUTE				JEN			
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/15-03/30/2015	City, State MONTGOMER	¥-PA 17752	170-50-10	,					
Completed by (Print or Type Title	ECTOR OF OPER	Signature	Date / / V/IV								
					//	17	11				

Date of Notification (1)				ie of Building O RCK SHARP & D	wner/Operator OHME CORP.	(2)				
10 / 24 /14			Stree	et Address						
Agencies Notified Type Notificatio	n				ENUE, P.O. BO	X 2000, RY28-41	4		~	
EPA Initial Noti DEP X Amended X DOL Cancellati	Notifi		City,	State, Zip Code WAY, NEW JEF		file.			<u></u>	
X DOH A On Hold EMERGE	NCV I	VOTIFICA		e of Contact		Telephone Nu	mber	V.5.		
BCAEWENGE	14011	VOTIFICA		NEORMATION		L				
Name of Facility Where Abatement is Taki	ing Pla	ace (3)	PACILITY II	NFORMATION	Type of Facili	tv (4)				_
					School (F					
MERCK SHARP & DOHME CORPORATIO	N					ter 8 (Other than private & comm		s ho	mes i	etc)
Street Address	2000				Square Feet				g. Ag	
126 EAST LINCOLN AVENUE - BUILDING	37.53				96,000	7			49	
City (5) County (6 UNION				nty Code (7) E USE ONLY)	Current Use (F VACANT	Prior if being demo	olished)		
Name of Monitoring Firm Hired by Buildin ENVIRONMETAL HEALTH INVESTIGATIO				ASCM No.		ement Contracto		011		
Street Address	143, 11	VC.		17	Street Address	MENTAL CORP	ORAII	ON		
655 WEST SHORE TRAIL					313 SPOOK R					
City, State, Zip Code SPARTA, NEV	V JER	SEY 0787	1		City, State, Zip SUFFERN, NE	Code W YORK 10901				
Project Manager for Monitoring Firm		Telephon	e Number		Telephone Nur		cense N	lumbe	er	
WILLIAM S. KERBEL, CIH		973-729-			845-369-7500		01			
Expected State Date (10) 10 / 20 /14	Sche	ed. Compl 12 /	etion Date (* 30	C. C	Name of OSHA	A Monitor BORATORIES IN			4 400	
Month Day Year		onth	Day	Year	AWERISCI LA	BORATORIES IN		#	1480	
Occupancy Status During Abatement (Chec			4 D S		Street Address					
X Facility Closed/Vacated During E Abatement Performed Outside or	:ntire i f Norm	eriod of A	batement Hours - Desc	crihe:	117 EAST 30T	H STREET				
X Other - Describe: MONDAY				onbo.	City, State, Zip	Code				
					NE	W YORK, NEW	YORK	10016	i	
Scope of Work (Check all that apply) Demolition X	TRend	ovatior		X Mini-Enclo	ainment with Neg	ative Pressure				
x >3SF OR LF	1	744101			Procedure					
>160 SF OR 260 LF	_			Non-Friab	le Procedure					
Location of	X252	Location		Description of As				bater		
Asbestos-containing Material (ACM)		mally used olely by	1	ontaining Materi (ie. Thermal sy		Amount (Specify	REMOVA	REPAIR	ENCAPS	ENCLOS
TO BE ABATED		nt/Custodia	al in	nsulation, surfaci		SF or LF)	Ò	AFF	∥ Ap	15
in Facility (13)		taff (12)		or other miscella	aneous)		A		SULE	SURE
	Yes	No N/A				-	-	-	ļήπ	l fi
4TH FLOOR ROOM 406	X		SPRAY ON	NINSULATION		80 SF	X	-	-	\vdash
REDUCTION IN SCOPE (SEE BELOW)			-			1	+	\vdash	\vdash	\vdash
4TH FLOOR ROOM 418	Х		SPRAY ON	NINSULATION		40 SF	X	\dagger		\vdash
5TH FLOOR ROOM 551	Х		SPRAY ON	NINSULATION		40 SF	Х			
6TH FLOOR ROOM 613	X		SPRAY ON	NINSULATION	+	40 SF	X			\Box
										\Box
Name of Registered Waste Haule	-	P Waste	Cubic Yard		Name of Regist					
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		er ID No. 15939		10		UNTY RESOUR		NAGE	MENT	SER
City, State		10000	Disposal Da	ate	Gity, Many	ER DRIVE/ROUT	₾ 15			
FREEHOLD, NEW JERSEY			9/15-12/15/	2014 /	MONTGOMER	Y , PA 17752				1
Completed by (Print or Type BENJAMIN SANCHEZ DIRE		R OF OPE	RATIONS	Signature	400	Da	te/r	1	24	/14
				/	100		1	16	~ //	17

Date of Notification (1)						Owner/Operator (2 DOHME CORP.)		2		
						JOHNE CORP.		517			
10 / 16 /14 Agencies Notified Type Notif	ication				et Address FIINCOLN AV	/ENUE, P.O. BOX	2000 RV28-414		4-		53
EPA Initia	al Notifica ended No cellation		#3	City, RAH	State, Zip Code WAY, NEW JE		2000, 11720-414)	i.		
X DOH On I	Hold ERGENC	CY NOTI	FICAT		e of Contact E LATRONICA	3	Telephone Num	her			Ε.
				FACILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking	Place (3)			Type of Facilit					
MERCK SHARP & DOHME CORPORA	ATION						-1 <i>2)</i> er 8 (Other than K private & commcl.		home	es etc	:)
Street Address 126 EAST LINCOLN AVENUE - BUILD	ING 33			7-14-14-14-14-14-14-14-14-14-14-14-14-14-		Square Feet 96,000	# of Floors	T	Bld	g. Age 49	
City (5) Cou	nty (6)				nty Code (7)	Current Use (Pr	for if being demoli	shed)			
Name of Monitoring Firm Hired by Bu	uilding (3)	(STATE	ASCM No.	Name of Abate	ment Contractor	(9)			
Street Address	ATIONS	, INC.			17	PAR ENVIRON Street Address	MENTAL CORPO	DRATIO	NC		-
655 WEST SHORE TRAIL						313 SPOOK RO					
City, State, Zip Code SPARTA	, NEW J	ERSEY	07871			City, State, Zip (SUFFERN, NE)					
Project Manager for Monitoring Firm		Tele	phone	Number		Telephone Num		ense N	lumbe		
WILLIAM S. KERBEL, CIH	- 10		-729-5			845-369-7500	110	01			
Expected State Date (10) 10 / 20 /14	S		omple 2 /	tion Date (1 30	- C.	Name of OSHA AMERISCI LAB	Monitor ORATORIES INC		#11	480	
Month Day Year		Month		Day	Year						
Occupancy Status During Abatement (CIX) Facility Closed/Vacated During Abatement Performed Outsin X Other - Describe: MON	ng Entire	e Period rmal Fac	ility Ho	urs - Descrit	oe:	Street Address 117 EAST 30Th City, State, Zip (Code	/ODI/			
Scope of Work (Check all that apply) Demolition 3SF OR LF >160 SF OR 260 LF	X	Renovatio	n		X Mini-Encl Gloveba	ainment with Negations, on , g Procedure	W YORK, NEW Y	ORK	10016		
Location of		Is Loca	tion			ole Procedure		Т,	1 - 1		
Asbestos-containing	1	normally		1	Description of A containing Mater		Amount		batem		
Material (ACM)		solely			(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCAPS	ENCLOS
TO BE ABATED	1	Maint/Cu		1	sulation, surfac		SF or LF)	O A	R	PS	SO.
in Facility (13)	Y	Staff (N/A	1	or other miscell	aneous)		۲		ULE	URE
4TH FLOOR ROOM 406	X			SPRAY ON	INSULATION		80 SF	X			
	-	-	-					-			
REDUCTION IN SCOPE (SEE BELOW		_	-	1	E.			+-	-		
4TH FLOOR ROOM 418	X	1	-	SPRAY ON	INSULATION		40 SF	X	_	_	
5TH FLOOR ROOM 551	X		-	SPRAY ON	INSULATION		40 SF	X	-		
6TH FLOOR ROOM 613	X			SPRAY ON	INSULATION		40 SF	X			\vdash
					li .						
Name of Registered Waste Hauler	N	JDEP V	/aste	Cubic Yard	s of Waste	Name of Registe	red Landfill				
FREEHOLD CARTAGE, INC.		auler ID			10		UNTY RESOURCE	E MAI	NAGE	MENT	SER
825 HIGHWAY 33		1593	9	Dianteria			R DRIVE/ROUTE	15			
City, State FREEHOLD, NEW JERSEY				Disposal Da 9/15-12/15/	00000	MONTGOMERY	. PA 17752				1
Completed by (Print or Type)	Title	TOD 0-	0000		Signature	XXX	Date	e j/	7/1	61	111
BENJAMIN SANCHEZ	DIKEC	TOK OF	UPER	RATIONS	/ /	100		10	11/	UI	141

Date of Notification (1)					wner/Operator (2 OHME CORP.)							
10 / 9 /14	and the second	100	Street Ad	ddress	fer-v-								
Agencies Notified Type Notification	1		126 E. LI	INCOLN AVE	ENUE, P.O. BOX	2000, RY28-414	5. 4	-					
EPA Initial Notification DEP	Notification #	2		te, Zip Code Y, NEW JER	SEY 07065				ň				
X DOH On Hold EMERGEI	NCY NOTIFIC	ATION	Name of MIKE LA	Contact TRONICA		Telenhone Num	her						
	51 /6	FACIL	ITY INFO	RMATION									
Name of Facility Where Abatement is Taki	ng Place (3)				Type of Facility School (K-								
MERCK SHARP & DOHME CORPORATION	N				Subchapte	r 8 (Other than K private & commol		., hom	nes, e	etc.)			
Street Address 126 EAST LINCOLN AVENUE - BUILDING	33				Square Feet 96,000	# of Floors 7		Bldg	1. Age				
City (5) County (6 UNION)		County C	Code (7) SE ONLY)	Current Use (Pri VACANT	or if being demol	ished)						
Name of Monitoring Firm Hired by Buildir ENVIRONMETAL HEALTH INVESTIGATION		•		ASCM No. 17	Name of Abater PAR ENVIRONN)N					
Street Address 655 WEST SHORE TRAIL					Street Address 313 SPOOK RO	1. Data Application (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1							
City, State, Zip Code SPARTA, NEW					City, State, Zip C SUFFERN, NEV	YORK 10901							
Project Manager for Monitoring Firm		one Numb	ber		Telephone Numb	- Control	ense N	umbei					
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-72 Sched. Com		Tate /111		845-369-7500 Name of OSHA	Monitor 110	1						
10 / 20 /14 Month Day Year	12 / Month		30 ay	/14 Year	AMERISCI LABO		;	#1	1480				
Occupancy Status During Abatement (Check			W. S.		Street Address								
X Facility Closed/Vacated During E Abatement Performed Outside of	Normal Facili	ty Hours -		9:	1,17 EAST 30TH								
X Other - Describe: MONDAY-	FRIDAY 5 PN	II- 3 AIVI			City, State, Zip C	ode V YORK, NEW Y	ORK 1	0016					
Scope of Work (Check all that apply)	_				inment with Nega								
Demolition X >3SF OR LF	Renovation		X	Mini-Enclo		, Procedure							
X >160 SF OR 260 LF					Procedure Procedure								
Location of	Is Locatio	n	Description of Asbestos- Abatem										
Asbestos-containing	normally us			aining Materi		Amount		R					
Material (ACM) TO BE ABATED	solely by Maint/Custo	Vancous de la Constantina del Constantina de la		. Thermal sy ation, surfaci		(Specify SF or LF)	REMOVAL	REPAIR	ENCAPS	ENCLOS			
in Facility (13)	Staff (12)			ther miscella		SF OI LF)	\{\lambda}		JSc)SC			
		/A					<u> </u>		SULE	URE I			
4TH FLOOR ROOM 406	x	SPRA	AY ON IN	SULATION		80 SF	X						
REDUCTION IN SCOPE (SEE BELOW)							-			\vdash			
4TH FLOOR ROOM 418	x	SDD	AV ON IN	SULATION		40 SF	X			\vdash			
									-	\vdash			
5TH FLOOR ROOM 551	X			SULATION		40 SF	X		_	\vdash			
6TH FLOOR ROOM 613	X	SPRA	AY ON IN	SULATION		40 SF	X			\vdash			
Name of Desistand Month Hards	NIDEDW	- C	a Vasta 1	11/1	INIama of Deed :								
Name of Registered Waste Haule FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Was Hauler ID No 15939		c Yards of 10		Name of Registe LYCOMING COL 447 ALEXANDER	INTY RESOURC		IAGEN	MENT	SER			
City, State FREEHOLD, NEW JERSEY	10000		osal Date 12/15/201	14 /	CHY, STATE/ MONT GOMERY		. 10	1					
Completed by (Print or Type Title	ECTOR OF OF		Sig	nature	2/8	Date	0/	91	19	F			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /14 8 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Type Notification Agencies Notified City, State, Zip Code Initial Notification **EPA** RAHWAY, NEW JERSEY 07065 DEP Amended Notification Cancellation DOL Telephone Number Name of Contact DOH On Hold **EMERGENCY NOTIFICATION** MIKE LATRONICA DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age Square Feet Street Address 96.000 49 126 EAST LINCOLN AVENUE - BUILDING 33 Current Use (Prior if being demolished) County (6) County Code (7) City (5) VACANT (STATE USE ONLY) UNION RAHWAY Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 845-369-7500 1101 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) AMERISCI LABORATORIES INC #11480 114 114 10 / Year Month Day Month Day Year Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 5 PM- 3 AM City, State, Zip Code Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclos, Demolition Renovation Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Is Location Location of ENCLOSURE Amount ENCAPSULE normally used Containing Material (ACM) REPAIR Asbestos-containing REMOVAI (Specify (ie. Thermal systems Material (ACM) solely by SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 80 SF SPRAY ON INSULATION 4TH FLOOR ROOM 406 X X SPRAY ON INSULATION 40 SF 4TH FLOOR ROOM 418 X 40 SF X SPRAY ON INSULATION 5TH FLOOR ROOM 551 X SPRAY ON INSULATION 40 SF X 6TH FLOOR ROOM 613

Name of Registered Landfill Cubic Yards of Waste Name of Registered Waste Hauler NJDEP Waste LYCOMING COUNTY RESOURCE MANAGEMENT SER FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 15939 825 HIGHWAY 33 City, State Disposal Date City, State 9/15-10/15/2014 MONTGOMERY, PA 17752 FREEHOLD, NEW JERSEY Date Signaty Completed by (Print or Type) DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

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State of New Jersey APPROVED CINDY MITCH ELL NOTIFICATION OF ASBESTOS ABATEMENT EDEINE BOH 3/13/15 (Pursuant to N.J.A.C. 8:60 and 12:120)

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