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

Date of Notification (1)
3/17/15

Name of Building Owner/Operator (2)
EARTHTECH CONTRACTING

Type Notification
Exact
Amended
Emergency (including justification)
Cancellation

Agency Notified
EPA
DEP
DOL
DOH
DCA

Street Address
155 RT. 50

City, State, Zip Code
GIBBON, N.J. 08230

Name of Contact
BRUCE BREUNIG
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
RESIDENCE

Street Address
3741 WEST, US

City (5)
OCEAN CITY

County (6)
CAPE MAY

Current Use (Prior to being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner
N/A

ASUW No.

Name of Abatement Contractor (9)
Klemco Inc.

Street Address
369 S. SPRUCE AVE

City, State, Zip Code
MAPLE SHADE, N J 08052

Telephone No.
856-279-0422

License No.
00448

Name of OSHA Monitor
JOSEPH KLEMM JR.

Street Address
369 S. SPRUCE AVE

City, State, Zip Code
MAPLE SHADE, N J 08052

Scope of Work (Check all that apply)

- 200 sf or less
- 2160 sf or less
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes
No

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous)
TRANSITE

Amount (Specify SF or LF)
250 SF

Abatement Type
Removal

Name of Registered Waste Hauler
Klemco Inc.

NJDEP Waste Hauler D No.
17904

Disposal Date

City, State
MAPLE SHADE, N J

Completed By
MICHAEL KLEMM
Title: Vice President
Signature
Date: 3/17/15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)                                        Name of Building Owner/Operator (2)  
March 17, 2015                                               Washington Park Fidelco, LLC

Agency Notified
☐ EPA
☐ DEP
☐ DOH
☐ DCA
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
494 Broad Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Michael J. Lynch

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 

Street Address
494 Broad Street

City (5)
Newark, NJ 07102

County (6)
Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Office

Name of Abatement Contractor (9)
B&N&K Restoration Co., Inc.

Street Address
223 Randolph Avenue

City, State, Zip Code
Clifton, NJ 07011

Telephone No.
973-476-4681

License No.
00210

Project Manager for Monitoring Firm (10)

Telephone No.

Start Date (10)                                               Scheduled Completion Date (11)
March 27, 2015                                               April 05, 2015

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)
☐ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Abatement Type

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
☐ Yes
☒ No
N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Name of Registered Landfill
Minerva Enterprises, Inc.

Cubic Yards of Waste
3

Disposal Date

City, State
Waynesburg, OH

Completed by
G. Roger Woodman
Title
Safety Officer

Signature

Check No. 2406

ASB-41

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
3/16/15

Name of Building Owner/Operator (2)
Randy Craft Private Home

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)

Name of Building Owner/Operator (2)
Randy Craft Private Home

Street Address
1815 Bay Terrace

City, State, Zip Code
Ship Bottom NJ 08091

Name of Contact
Randy

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Randy Craft Private Home

Street Address
1815 Bay Terrace

City (5)
Ship Bottom NJ 08091

County (6)
Ocean

County Code (7) (STATE USE ONLY)

Type of Facility (4)
- School (K-12)
- Subchapter B (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
Home

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

License No.
00727

Name of OSHA Monitor
Same

Project Manager for Monitoring Firm

Street Address

City, State, Zip Code

Start Date (10)
3/17/15

Scheduled Completion Date (11)
3/20/15

Occupy 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)
- 2-5 sf or 5-7 sf
- 6-100 sf or >260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes
No
N/A

Exterior Siding

Exterior Siding

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
1000 SF

Abatement Type

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

Name of Registered Landfill
G.R.O.W.S.

City, State
Elm NJ

Disposal Date
3/20/15

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
3/16/15

ASB-41 (R-08-08)

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

---

**Date of Notification**

**Agency Notify**

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type of Notice**

- [ ] Initial
- [ ] Amended
- [ ] Amendment
- [ ] Emergency (including justification)
- [ ] Cancellation

---

**Name of Building Owner/Operator**

**JERIA HAMMEL**

**Street Address**

**245 Brook Ave**

**City, State, Zip Code**

**Passaic, NJ, 07055**

**Name of Contact**

**JOHN HAMMEL**

**Telephone Number**

---

**FACILITY INFORMATION**

**Type of Facility**

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Number of Floors**

1

**Square Feet**

1,400

**Occupancy Status During Abatement**

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

---

**Location of Asbestos-Containing Material (ACM) TOLERATED in Facility**

**Location**

- [ ] Abatement

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

Yes

**Amount**

1.35 cubic yards

---

**Name of Registered Waste Hauler**

**Newark Carting, Inc.**

**Hauler ID**

04502

**Cubic Yards of Waste**

1

**Name of Registered Landfill**

**IESI PA Bethlehem Landfill Corp.**

**Disposal Date**

3/16/15

---

**Complied by**

**R. McDonald**

**Title**

President

**Signature**

Date 3/16/15

---

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

**Name of Building Owner/Operator (2)**
Aille Eckert  
Private Home

**Street Address**
948 Mill Creek  
Manahawkin NJ 08050

**Name of Contact**
Aille

**Telephone Number**
609-488-2121

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aille Eckert  Private Home</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>948 Mill Creek</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Manahawkin NJ 08050</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet**
1000+

**# of Floors**
1

**Bldg. Age**
35+

**Current Use (Prior if being demolished)**
Home

### Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th><strong>Name of Monitoring Firm Hired by Building Owner (8)</strong></th>
<th><strong>ASCM No.</strong></th>
<th><strong>Name of Abatement Contractor (9)</strong></th>
<th><strong>Street Address</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>ASCM No.</td>
<td>Pernaco Inc.</td>
<td>PO Box 329</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**
West Berlin NJ 08091

<table>
<thead>
<tr>
<th><strong>Telephone No.</strong></th>
<th><strong>License No.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>856-753-9800</td>
<td>00727</td>
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### Start Date (10)

<table>
<thead>
<tr>
<th><strong>Scheduled Completion Date (11)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3/17/15</td>
</tr>
</tbody>
</table>

### Occupancy Status During Abatement

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

### Scope of Work (Check All That Apply)

- Renovation
- Demolition
- Full Containment with Negative Pressure
- M-R-Endosuction
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th><strong>TO BE ABATED</strong></th>
<th><strong>Is Location Normally Used Solely by Maintenance/Custodial Staff?</strong></th>
<th><strong>Description of Asbestos Containing Material (ACM)</strong></th>
<th><strong>Amount (Specify SF or LF)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>X</td>
<td>Exterior Siding</td>
<td>1000 SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

United Containers  
NJ DEP Waste Hauler ID No. 22459  
G.R.O.W.S.

<table>
<thead>
<tr>
<th><strong>Disposal Date</strong></th>
<th><strong>Name of Registered Landfill</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3/20/15</td>
<td></td>
</tr>
</tbody>
</table>

### Completed by

Anthony T Perna  
President

**Signature**

**Date**
3/16/15

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:69 and 12:129)

Date of Notification (1) 3/18/15

Name of Building Owner/Operator (2) EARTHTECH CONTRACTING

Agaudness Notified Type Notification

Street Address 155 RT. 50

Name of Contact BRUCE BROWN

City, State, Zip Code GREENFIELD, N.J. 08230

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE

Type of Facility (4) School (K-12)

Street Address 318 PATRICIA RD.

Other (i.e., private & commercial buildings, homes, etc.)

City (5) OCEAN CITY

Square Feet 1000

County (6) OCEAN COUNTY

# of Floors 2

County Code (7) (STATE USE ONLY) Bldg. Age 40

Current Use (Prior to being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner N/A

Name of Abatement Contractor (8) KLEEMCO INC.

ASCM No. Name of ASCM No.

Street Address 369 S. SPRUCE AVE

City, State, Zip Code MAPLE SHADE, N.J. 08052

Project Manager for Monitoring Firm JOSEPH V. KLEEMAN JR.

Telephone No. 856-225-0422

License No. 00444

Start Date (10) 3/28/15

Scheduled Completion Date (11) 4/15/15

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)

≥150 sf or ≥3 if

≥100 sf or ≥2600 lb

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

IN Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes

Description of Asbestos-Containing Material (ACM)

(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount of (Specify SF or LF)

Category of Material

Abatement Type

Removal

Encapsulation

Enforcement

Name of Registered Waste Hauler KLEEMCO INC.

Name of Registered Landfill C.M.C.M.V.A.

City, State MAPLE SHADE, N.J.

Disposal Date

Complained By MICHAEL KLEEMAN, Vice. President

Signature M.K.

Date 3/18/15

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>March 17, 2015</th>
</tr>
</thead>
</table>

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

**Name of Building Owner/Operator (2)**

St. Rita's Parish

**Check # 1935**

**Street Address**

199 Wilmont Avenue

**City, State, Zip Code**

Barrington, NJ 08007

**Name of Contact**

Mike Hardy

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>St. Rita's Rectory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>199 Wilmont Avenue</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>Barrington</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>Camden</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
<td>5,000</td>
</tr>
<tr>
<td><strong># of Floors</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Bldg. Age</strong></td>
<td>100</td>
</tr>
<tr>
<td><strong>Current Use</strong></td>
<td>(Prior if being demolished) Church</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**

MDG Environmental, LLC

**ASCM No.**

**Name of Abatement Contractor (9)**

Shade Environmental, LLC

**Street Address**

1000 Maplewood Drive, Suite 207

**City, State, Zip Code**

Maple Shade, NJ 08052

**Telephone No.**

856-755-9300

**License No.**

00842

**Project Manager for Monitoring Firm**

Chris Macri

**Start Date (10)**

March 27, 2015

**Scheduled Completion Date (11)**

March 30, 2015

**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)**

- ≥3 sf or ≥3 if
- ≥160 sq ft or ≥250 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**

<table>
<thead>
<tr>
<th>Rectory Kitchen</th>
<th>XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linoleum Sheet Flooring</td>
<td>160 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Freehold Cartage

**NUDEP Waste Hauler ID No.**

02265

**Cubic Yards of Waste**

10

**Name of Registered Landfill**

Cumberland County Landfill

**City, State**

Freehold, NJ

**Disposal Date**

3/30/2015

**Completed by**

Christina Lynch

**Title**

Operations Manager

**Signature**

Date

3/17/2015

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>3 / 16 /15</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**

MERCK SHARP & DOHME CORP.

**Street Address**

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY23-414

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

**Name of Contact**

WILLIAM MICHELUDIS

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**

MERCK SHARP & DOHME CORPORATION

**Street Address**

126 EAST LINCOLN AVENUE - BUILDING 32

**City (6)**

RAHWAY

**County (6)**

UNION

**County Code (7)**

ABCM No. 17

**Square Feet**

120,000

**# of Floors**

7

**Bldg Age**

46

**Current Use (Prior if being demolished)**

VACANT

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (ie. private & commcl: bldgs., homes, etc.)

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORP.

**Street Address**

313 SPOOK ROCK ROAD

**City, State, Zip Code**

SUFFERN, NEW YORK 10901

**Name of OSHA Monitor**

AMERISCI LABORATORIES INC #11480

**Project Manager for Monitoring Firm**

WILLIAM S. KERBEL, CHM

**Telephone Number**

973-720-5649

**Telephone Number**

945-359-7030

**License Number**

1101

**Expected State Date (10)**

<table>
<thead>
<tr>
<th>3 / 17 /15</th>
<th>5 / 30 /15</th>
</tr>
</thead>
</table>

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5 PM - 1 AM

**Scope of Work (Check all that apply)**

- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)**

- 7TH FLOOR SOUTHWEST PERIMETER

**Description of Asbestos-Containing Material (ACM)**

- Description: SPRAY ON INSULATION

**Amount (Specify SF or LF)**

50 SF

**Abatement Type**

- X

**Name of Registered Waste Hauler**

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

**City, State**

FREEHOLD, NEW JERSEY

**NJDEP Waste Hauler ID No.**

15939

**Disposal Date**

3/2015

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SER

447 ALEXANDER DRIVE/ROUTE 15

**City, State**

MONTGOMERY, PA 17752

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

**Date**

3/10/15
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50-7 and 12:120-7)

**Date of Notification (1)** 12 / 15

**Name of Building Owner/Operator (2)** MERCK SHARP & DOHME CORP.

**Street Address** 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code** RAHWAY, NEW JERSEY 07065

**Name of Contact** WILLIAM MICHELUDIS

**Telephone Number**

---

**Name of Facility Where Abatement is Taking Place (3)**

MERCK SHARP & DOHME CORPORATION

**Street Address** 126 EAST LINCOLN AVENUE - BUILDING 32

**City, State, Zip Code** RAHWAY, NEW JERSEY 07087

**Name of Monitoring Firm Hired by Building Owner (8)** ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCM No.** 17

**Name of Abatement Contractor (3)** PAR ENVIRONMENTAL CORPORATION

**Street Address** 313 SPOOK ROCK ROAD

**City, State, Zip Code** SUFEERN, NEW YORK 10901

**Name of OSHA Monitor** AMERISOCI LABORATORIES INC

**License Number** #11480

---

**Preferred State Date (10)**

3 / 12 / 15

**Sched. Completion Date (11)** 5 / 30 / 15

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5 PM - 1 AM
- Other - Describe:

**Scope of Work (Check all that apply)**

- Demolition
- Renovation
- >8SF OR LF
- >160 SF OR 250 LF
- Full Containment with Negative Pressure
- Mini-Encior
- Glovebag Procedure
- Non-Friable Procedure

---

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)**

**Is Location normally used solely by Maint/ Custodial Staff (12)** Yes

**Description of Asbestos-Containing Material (ACM)**

- (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)** 50 SF

**Abatement Type**

---

**Name of Registered Waste Hauler** NJDEP Waste Hauler ID No.

**Cubic Yards of Waste** 320

**Name of Registered Landfill** LYCOMING COUNTY RESOURCE MANAGEMENT SER...

**Disposal Date** 3/9/30/2015

**City, State** MONTGOMERY, PA 17752

**Completed by (Print or Type)** BENJAMIN SANCHEZ

**Title** DIRECTOR OF OPERATIONS

**Signature**

**Date** 3/12/15
**NOTIFICATION OF ABATEMENT**

**State of New Jersey**

(Pursuant to NJAC 8:60-7 and 12:120-7)

---

**Date of Notification (1):** 3 / 11 / 16

**Agencies Notified:**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification:**
- Initial Notification
- Amended Notification #3
- On Hold
- Emergency Notification

**Name of Building Owner/Operator (2):** MERCK SHARP & DOHME CORP.

**Street Address:** 128 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code:** RAHWAY, NEW JERSEY 07065

**Name of Contact:** WILLIAM MICHELUDIS

---

**Name of Facility Where Abatement is Taking Place (3):**

**MERCK SHARP & DOHME CORPORATION**

**Street Address:** 128 EAST LINCOLN AVENUE - BUILDING 32

**City (6) - County (6) - County Code:** RAHWAY - UNION - 17

**Name of Monitoring Firm Hired by Building Owner (8):** ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**Name of Abatement Contractor (9):** PAR ENVIRONMENTAL CORPORATION

**Type of Facility:**
- School (K-12)
- Subchapter 3 (Other than K-12)
- X - Other (ie. private & comm., brdgs., homes, etc.)

**Current Use (Prior to being demolished):** VACANT

**Square Feet:** 120,000

**# of Floors:** 7

**Bid Age:** 5

---

**Expected State Date (10):** 3 / 12 / 15

**Sched. Completion Date (11):** 5 / 30 / 15

**Month - Day - Year:**

**Occupancy Status During Abatement (Check only one):**
- X - Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5 PM - 1 AM

**Scope of Work (Check all that apply):**
- Demolition
- X - Renovation
- >35F OR LF
- >160 SF OR >260 LF

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13):**

**Is Location normally used solely by Maint/Custodial Staff (12):** Yes

**Description of Asbestos-Containing Material (ACM):**
- (i.e. Thermal systems, insulation, surfacing, VAC, or other miscellaneous)

**Amount (Specify SF or LF):** 50 SF

**Abatement Type:** X

---

**Name of Registered Waste Hauler:** FREEHOLD CARTAGE, INC.

**Cubic Yards of Waste:** 320

**Disposal Date:** 3/9/2015

**Name of Registered Landfill:** LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES ALEXANDER DRIVE/ROUTE 15

**City, State:** MONTGOMERY, PA 17752

**Completed by (Print or Type):** BENJAMIN SANCHEZ

**Title:** DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 3/11/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69-7 and 12:120-7)

Date of Notification (1) 2015

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY29-414
RAHWAY, NEW JERSEY 07065

Name of Contact
WILLIAM MICHELUOIS
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 32
RAHWAY, NEW JERSEY 07065

City (6)
RAHWAY
County (6)
UNION
County Code (7)

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (ie. private & commdl. brds., homes, etc.)

Square Feet
120,000
# of Floors
7
Bldg. Age
45

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Name of Abatement Contractor (8)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD
SUFFERN, NEW YORK 10901

City, State, Zip Code
SPARTA, NEW JERSEY 07871

License Number
1101

Telephone Number
973-729-5649

Telephone Number
845-369-7500

Name of GSHA Monitor
AMERISCI LABORATORIES INC.

#11480

Expected State Date (10)
3 / 9 / 15
Sched. Completion Date (11)
5 / 30 / 15

Occupancy Status During Abatement (Check only one)
- Facility Closed
- Abatement Performed Outside of Normal Facility Hours - Describe:
- MONDAY - FRIDAY 5 PM - 1 AM

Scope of Work (Check all that apply)
Demolition
Renovation

Location of Asbestos-containing Material (ACM) TO BE ABATED:

Is Location normally used solely by Maint/Custodial Staff (12)
Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(le. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REMOVAL
REPAIR
ENCAPSUL
ENCLOSURE

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
320
Disposal Date
3/9/2015

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15
MONTGOMERY, PA 17752

City, State
FREEHOLD, NEW JERSEY

CITY NAME

Completed by (Print or Type)
BENJAMIN SANCHEZ
DIRECTION OF OPERATIONS

Signature

Date
3/9/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90-7 and 12:120-7)

Date of Notification (1) 2 / 24 / 15

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<td>ONS</td>
<td>Amended Notification</td>
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<tr>
<td>CANCELLATION</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
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Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code RAHWAY, NEW JERSEY 07075
Name of Contact WILLIAM MICHELUDIS
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION

Street Address 126 EAST LINCOLN AVENUE - BUILDING 33

City, State, Zip Code RAHWAY, NEW JERSEY 07075

County Code (7) 17

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Name of Monitoring Firm SPARTA, NEW JERSEY 07871

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION

Street Address 313 SPOOK ROCK ROAD
City, State, Zip Code SUFFERN, NEW YORK 10901

Telephone Number 973-726-5649
License Number 845-737-7500

Full Name of OSHA Monitor AMERICAN LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

X Facility Closed/ Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5 PM - 7 AM
X Other - Describe: MONDAY - FRIDAY 5 PM - 7 AM

Scope of Work (Check all that apply)

Renovation
Demolition
>3000 SF OR LF
>1000 SF OR 260 LF

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (12)

Is Location normally used solely by Maint/Custodial Staff (12)

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

REMOVAL
ENCAPSULATION
EMERGENCY

ENCAPSULATION
EMERGENCY
EMERGENCY

NEW YORK, NEW YORK 10016

Completed by (Print or Type) BENJAMIN SANCHEZ

Title DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.
825 HIGHWAY 53

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15

Disposal Date 3/9 - 3/30/2015
City, State FREEHOLD, NEW JERSEY

Name of Registered Waste Hauler ID No. 15930

Cubic Yards of Waste 320

Name of Registered Landfill

City, State

Note: All dates are incremental.
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Name of Building Owner/Operator (2)
Donna Lampone private Home

Date of Notification (1)
3/18/15

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation

Name of Facility Where Abatement is Taking Place (3)
Donna Lampone private Home

Street Address
22 West Oceanview Dr

City
Peahala Park NJ 08008

Name of Contact Telephone Number
Donna

FACILITY INFORMATION

County (6)
Ocean

County Code (7) CURRENT USE ONLY
Home

Name of Monitoring Firm Hired by Building Owner (5)
N/A

ASCM No.
Name of Abatement Contractor (9)
Pemaco Inc.

Name of OSHA Monitor
Same

Start Date (10)
3/19/15

Scheduled Completion Date (11)
3/23/15

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)

<table>
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<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Renovation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)

Exterior Siding

Exterior Siding

Amount (Specify SF or LF)
1100 SF

Abatement Type

Abatement Endurance

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

Name of Registered Landfill
G.R.O.W.S

City, State
Elm NJ

City, State
Morrising PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
3/18/15

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 16 /15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
</tr>
<tr>
<td>Street Address</td>
<td>126 E. LINCOLN AVENUE, P.O. BOX 2000, RY26-414</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RAHWAY, NEW JERSEY 07065</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MIKE LATRONICA</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | MERCK SHARP & DOHME CORPORATION |
| Street Address | 126 EAST LINCOLN AVENUE - BUILDING 33 |
| City (6) | RAHWAY |
| County (6) | UNION |
| County Code (7) | (STATE USE ONLY) |
| Name of Monitoring Firm Hired by Building Owner (8) | ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. |
| ASCM No. | 17 |
| Name of Abatement Contractor (9) | PAR ENVIRONMENTAL CORPORATION |
| Street Address | 313 SPOOK ROCK ROAD |
| City, State, Zip Code | SPARTA, NEW JERSEY 07871 |
| Telephone Number | 973-729-5549 |
| License Number | 1101 |
| Name of OSHA Monitor | AMERICI LABORATORIES INC |
| Street Address | NEW YORK, NEW YORK 10016 |
| City, State, Zip Code | 17 EAST 30TH STREET |

| Occupancy Status During Abatement (Check only one) | X Facility Closed/Vacated During Entire Period of Abatement |
| Expected State Date (10) | 11 / 5 /14 |
| Sched. Completion Date (11) | 8 / 15 /15 |
| Month | Day | Year |
| Scope of Work (Check all that apply) | X Renovation |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | 4TH FLOOR ROOM 406 |
| ADDITION TO SCOPE: | X SPRAY ON INSULATION |
| ROOF | X BUILT UP ROOFING |
| REDUCTION IN SCOPE (SEE BELOW) | X SPRAY ON INSULATION |
| 4TH FLOOR ROOM 418 | X SPRAY ON INSULATION |
| 5TH FLOOR ROOM 551 | X SPRAY ON INSULATION |
| 6TH FLOOR ROOM 613 | X SPRAY ON INSULATION |
| Name of Registered Waste Hauler | FREEHOLD CARTAGE, INC. |
| Hauler ID No. | 652 HIGHWAY 33 |
| 19939 |
| Cubic Yards of Waste | 320 |
| Name of Registered Landfill | LYCOMING COUNTY RESOURCE MANAGEMENT |
| NAME | 447 ALEXANDER DRIVE ROUTE 15 |
| City, State | FREEHOLD, NEW JERSEY |
| Completion Date | 09/15-08/15/2015 |
| City | MONTGOMERY, PA 17752 |
| Signature | 8/15/15 |

**Title**

| DIRECTOR OF OPERATIONS |

---

The document contains detailed information regarding the notification of asbestos abatement, including the facility's location, the responsible parties, the scope of work, and associated details. Notably, the forms include sections for completion by the building owner or operator, the facility's name, and the responsible contractor, among other critical information for regulatory compliance.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 / 4 / 14</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
</tr>
</tbody>
</table>

Agencies Notified | Type Notification |
------------------|-------------------|
EPA               | Initial Notification |
DEP               | Amended Notification #5 |
X DOL             | Cancellation |
X DOH             | On Hold |
DCA               | EMERGENCY NOTIFICATION |

Name of Facility Where Abatement is Taking Place ($)  
MERCK SHARP & DOHME CORPORATION

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 33

City (5) RAHWAY County (6) COUNTY UNION  
County Code (7) (STATE USE ONLY)  

Type of Facility (4)  
X School (K-12)  
X Subchapter 8 (Other than K-12)  
X Other (ie. private & commcl. bldgs., homes, etc.)  

Square Feet 66,000  
# of Floors 7  
Bidg. Age 49  

Current Use (Prior if being demolished)  
VACANT

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No. 17
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address  
655 WEST SHORE TRAIL

City, State, Zip Code  
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, C.H.

Telephone Number  
973-729-5649

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number  
845-339-7500  
License Number 1101

Expected State Date (10)  
11 / 5 / 14  
Sched. Completion Date (11)  
3 / 30 / 15

Occupancy Status During Abatement (Check Only one)  
X Facility Closed/Vacated During Entire Period of Abatement

X Other - Describe: Monday - Friday 8am-6:30pm

Scope of Work (Check all that apply)  
X Demolition  
X Renovation

Location of Asbestos-containing Material (ACM)  
TO BE ABATED

Yes No N/A

Location normally used solely by Maint/Custodial Staff (12)  

4TH FLOOR ROOM 406  
SPRAY ON INSULATION  
80 SF  
X

ADDITION TO SCOPE:  
ROOF  
BUILT UP ROOFING  
16,000 SF  
X

REDUCTION IN SCOPE (SEE BELOW)

4TH FLOOR ROOM 418  
SPRAY ON INSULATION  
40 SF  
X

5TH FLOOR ROOM 551  
SPRAY ON INSULATION  
40 SF  
X

6TH FLOOR ROOM 813  
SPRAY ON INSULATION  
40 SF  
X

Cubic Yards of Waste 320

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.

NJDEP Waste Hauler ID No. 15839

Disposal Date  
9/15/03/30/2015

City, State  
FREEHOLD, NEW JERSEY

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

447 ALEXANDER DRIVE/ROUTE 15

City, State  
MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ  
Title  
DIRECTOR OF OPERATIONS  
Signature  
Date 11/4/14
Date of Notification (1): 10/24/14

Name of Building Owner/Operator (2): MERCK SHARP & DOHME CORP.

Street Address: 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code: RAHWAY, NEW JERSEY 07065

Name of Facility Where Abatement is Taking Place (3): MERCK SHARP & DOHME CORPORATION

Street Address: 126 EAST LINCOLN AVENUE - BUILDING 33
City, State, Zip Code: RAHWAY, UNION, COUNTY CODE 7065

Type of Facility (4): Other (ie, private & comm. bldgs., homes, etc.)

Square Feet: 96,000
# of Floors: 7
Bldg. Age: 40

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.: 17

Name of Abatement Contractor (9): PAR ENVIRONMENTAL CORPORATION

Street Address: 313 SPOOK ROCK ROAD
City, State, Zip Code: SUFFERN, NEW YORK 10901

Expected State Date (10): 10/20/14
Sched. Completion Date (11): 12/30/14

Name of OSHA Monitor: AMERISCI LABORATORIES INC

License Number: #11480

Occupancy Status During Abatement (Check only one):
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 6 PM - 3 AM

Scope of Work (Check all that apply):
[ ] Demolition
[ ] Renovator
[ ] Greater than 500 sq ft or linear ft
[ ] Greater than 1800 sq ft or linear ft

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13):

<table>
<thead>
<tr>
<th>4TH FLOOR ROOM 408</th>
<th>X</th>
<th>SPRAY ON INSULATION</th>
<th>80 SF</th>
<th>X</th>
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<tbody>
<tr>
<td>4TH FLOOR ROOM 418</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
<td>40 SF</td>
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<tr>
<td>5TH FLOOR ROOM 551</td>
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<td>SPRAY ON INSULATION</td>
<td>40 SF</td>
<td>X</td>
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<tr>
<td>6TH FLOOR ROOM 613</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
<td>40 SF</td>
<td>X</td>
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Name of Registered Waste Hauler:
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State: FREEHOLD, NEW JERSEY

Cubic Yards of Waste: 10

Name of Registered Landfill:
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15
MONTGOMERY, PA 17752

Completed by (Print or Type):
BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS

Signature: [Signature]
Date: 10/24/14
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>10/16/14</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
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<th>Type Notification</th>
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<td>EPA</td>
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<tr>
<td>DEP</td>
<td>Amended Notification #3</td>
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<tr>
<td>DOL</td>
<td>Cancellation</td>
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<td>DOH</td>
<td>On Hold</td>
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<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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<tr>
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<th>Type of Facility (4)</th>
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<tr>
<td>MERCK SHARP &amp; DOHME CORPORATION</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>126 EAST LINCOLN AVENUE - BUILDING 33</td>
<td>(STATE USE ONLY)</td>
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<table>
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<tr>
<th>City (5)</th>
<th>County (6)</th>
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<tr>
<td>RAHWAY</td>
<td>UNION</td>
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<table>
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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Full Containment with Negative Pressure</th>
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<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
<td>X Mini-Enclosure</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe:</td>
<td>X Glovebag Procedure</td>
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<td>X Other - Describe:</td>
<td>X Non-Friable Procedure</td>
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<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>X Demolition</td>
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<tr>
<td>X Renovation</td>
</tr>
<tr>
<td>X 2SF OR LF</td>
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<tr>
<td>X 260 LF</td>
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<tr>
<td>X &gt;3SF OR LF</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>4TH FLOOR ROOM 406</td>
<td>SPRAY ON INSULATION</td>
<td>80 SF</td>
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<tr>
<th>REDUCTION IN SCOPE (SEE BELOW)</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
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<tr>
<td>FREEHOLD CARTAGE, INC.</td>
<td>LYCOMING COUNTY RESOURCE MANAGEMENT SER</td>
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<tr>
<td>285 HIGHWAY 33</td>
<td>447 ALEXANDER DRIVE/ROUTE 15</td>
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<td>FREEHOLD, NEW JERSEY</td>
<td>9/15-12/15/2014</td>
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<tr>
<th>Completed by</th>
<th>Signature</th>
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<tbody>
<tr>
<td>BENJAMIN SANCHEZ</td>
<td>388</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tr>
<td>MIKE LATRONICA</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>PAR ENVIRONMENTAL CORPORATION</th>
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<tbody>
<tr>
<td>ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
<th>License Number</th>
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<tbody>
<tr>
<td>SPARTA, NEW JERSEY 07871</td>
<td>973-729-5560</td>
<td>1101</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>AMERISCI LABORATORIES INC #11480</td>
<td>117 EAST 30TH STREET</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
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<tr>
<td>SUFFERN, NEW YORK 10901</td>
<td>845-363-7500</td>
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<tr>
<th>Expected State Date (10)</th>
<th>Sched. Completion Date (11)</th>
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<tr>
<td>10/14</td>
<td>12/30 14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAM S. KERBEL, CIH</td>
<td>973-729-5560</td>
</tr>
<tr>
<td>Date of Notification (1)</td>
<td>Name of Building Owner/Operator (2)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>10/9/14</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
</tr>
</tbody>
</table>

**Agency Notification**
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

**Street Address**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
RAHWAY, NEW JERSEY 07065

**Name of Facility Where Abatement is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION

**City (5)**
RAHWAY

**County (6)**
UNION

**County Code (7)**
17

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**Street Address**
655 WEST SHORE TRAIL
SPARTA, NEW JERSEY 07871

**Current Use (Prior if being demolished)**
VACANT

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD
SUFFERN, NEW YORK 10901

**Expected State Date (10)**
10/20/14

**Sched. Completion Date (11)**
12/30/14

**Occupy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY-FRIDAY 8 PM- 3 AM

**Location of Asbestos-containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4TH FLOOR ROOM 406</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
</tr>
<tr>
<td>4TH FLOOR ROOM 418</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
</tr>
<tr>
<td>5TH FLOOR ROOM 551</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
</tr>
<tr>
<td>6TH FLOOR ROOM 613</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

**NJDEP Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SER.
447 ALEXANDER DRIVE/ROUTE 15

**City, State**
FREEHOLD, NEW JERSEY

**Disposal Date**
9/15-12/15/2014

**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
10/9/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)

8 / 29 /14

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
125 E. LINCOLN AVENUE, P.O. BOX 2000, RY26-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07075

Name of Contact
MIKE LATRONICA

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
125 EAST LINCOLN AVENUE - BUILDING 33

City (5)
RAHWAY

County (6)
UNION

County Code (7) (STATE USE ONLY)
ASCN No. 17

Type of Facility (4)
School (K-12)
Subchapter 8 (Other than K-12)
X Other (i.e. private & commcl. bldgs., homes, etc.)

Current Use (Prior if being demolished)
VACANT

Square Feet
96,000

# of Floors
7

Bldg. Age
49

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-722-5549

Expected Start Date (10)
9 / 15 /14

Sched. Completion Date (11)
10 / 9 /14

Month
Day
Year

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY-FRIDAY 5 PM- 3 AM

Scope of Work (Check all that apply)
Demolition
X Renovation

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ENVIROMENTAL HEALTH INVESTIGATIONS, INC.

Name of ASCM No.
17

Telephone Number
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Name of OSHA Monitor
AMERISCI LABORATORIES INC

License Number
#11480

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SER

City, State, Zip Code
FREEHOLD, NEW JERSEY

Disposal Date
9/15/2014

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

Hauler ID No.
15993

Cubic Yards of Waste
10

City, State, Zip Code
MONTGOMERY, PA 17752

Complied by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature

Abatement Type
REMOVAL
REPAIR
ENCAPSULATION

ENCAPSULATION

Full Containment with Negative Pressure

X Mini-Enclose

Glovebag Procedure

Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>4TH FLOOR ROOM 406 X SPRAY ON INSULATION</td>
<td>X</td>
<td>80 SF</td>
<td>X</td>
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<tr>
<td>4TH FLOOR ROOM 418 X SPRAY ON INSULATION</td>
<td>X</td>
<td>40 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5TH FLOOR ROOM 551 X SPRAY ON INSULATION</td>
<td>X</td>
<td>40 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6TH FLOOR ROOM 613 X SPRAY ON INSULATION</td>
<td>X</td>
<td>40 SF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
3/13/15  

Name of Building Owner / Operator (2)  
Wells Fargo Bank  
2015 MAR 20 AM 2:26  

Agencies Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  

Type Notification  
- Initial  
- Amended R#1-3/16/15  
- Emergency  
- Cancellation  

Street Address  
One South Broad Street  
Philadelphia, PA 19107  

Name of Contact  
Steve Colton  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Wells Fargo Fair Lawn  

Street Address  
22-11 Fair Lawn Ave  

City (5)  
Fair Lawn  
County (6)  
Bergen  
County Code (7)  

Name of Monitoring Firm Hired by Building Owner (8)  
Environmental Connection  

Street Address  
120 North Warren Street  
Trenton, NJ 08010  

Name of Abatement Contractor (9)  
Bristol Environmental, Inc.  

Street Address  
1123 Beaver Street  
Bristol, PA 19007  

Banking Offices

Name of OSHA Monitor  
Bristol Environmental Inc.  

Street Address  
1123 Beaver Street  
Bristol, PA 19007  

Occupy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Hours – 7am to 3pm  
- Facility Occupied During Abatement  

Scope of Work (Check all that apply)  
- ≥3 sf or ≥3 lf  
- ≥160 sf ≥260 lf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glove Bag Procedures  
- Non-Exempted and Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  

Amount (Specify SF or LF)  

Abatement Type  
- Removal  
- Repair  
- Encapsulate  
- Enclosure

Stairwell  

Sheetrock  
200 SF  

Name of Registered Waste Hauler  
Service Transport Inc.  

City, State  
New Castle, DE  

Completed By (Print or Type)  
Gino Pizzigoni  

Title  
Project Manager  

Signature  
Gino Pizzigoni Jr  

Date  
3/13/15

GI 15049
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  
Date of Notification (1) 3/13/15  
Name of Building Owner / Operator (2)  Wells Fargo Bank  
Agency Notified  Type Notification  
[ ] EPA  [ ] Initial  
[ ] DEP  [ ] Amended  
[ ] DOL  [ ] Emergency  
[ ] DOH  [ ] Cancellation  
Street Address  One South Broad Street  
City, State & Zip Code  Philadelphia, PA 19107  
Name of Contact  Steve Colton  
[ ] Telephone Number  
Name of Facility Where Abatement is Taking Place (3)  Wells Fargo Fair Lawn  
Street Address  22-11 Fair Lawn Ave  
City (5) Fair Lawn  
County (6) Bergen  
County Code (7)  
Name of Monitoring Firm Hired by Building Owner (8)  Environmental Connection  
Street Address  120 North Warren Street  
City, State & Zip Code  Trenton, NJ 08610  
Project Manager for Monitoring Firm  Rollie Jones  
Telephone Number  609-392-4200  
Scheduled Start Date (10)  3/13/15  
Scheduled Completion Date (11)  3/15/15  
Type of Facility (4)  
[ ] School (K-12)  
[ ] Subchapter 8 (Other than K-12)  
[ ] Other (i.e. private & commercial buildings, homes, etc.)  
Square Feet  2500  
# of Floors  1  
Bldg. Age  45+  
Current Use (Prior if being demolished)  
Banking Offices  
Name of Abatement Contractor (9)  Bristol Environmental, Inc.  
Street Address  1123 Beaver Street  
City, State & Zip Code  Bristol, PA 19007  
Project Manager for Monitoring Firm  Rollie Jones  
Telephone Number  (215)788-6040  
License Number  005009  
Name of OSHA Monitor  Bristol Environmental, Inc.  
Street Address  1123 Beaver Street  
City, State & Zip Code  Bristol, PA 19007  
Occupancy Status During Abatement (Check only one)  
[ ] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Hours - 7am to 3pm  
Describe:  5PM to 1:30AM, Noon – 10PM, 8AM - 10PM  
[ ] Facility Occupied During Abatement  
Scope of Work (Check all that apply)  
[ ] ≥3 sf or ≥3 lf  
[ ] ≥160 sf ≥260 lf  
[ ] Renovation  
[ ] Demolition  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glove Bag Procedures  
Non-Exempted and Non-Friable Procedure  
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  
Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  
Yes  
No  
N/A  
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  
Amount (Specify SF or LF)  200 SF  
Abatement Type  
Stairwell  
Sheetrock  
Name of Registered Waste Hauler  Service Transport Inc.  
NJDEP Waste Hauler ID No.  20990  
Cubic Yards of Waste  2 CU YD  
Name of Registered Landfill  Minerva Landfill  
City, State  Waynesburg, Ohio  
Completed By (Print or Type)  Gino Pizzigoni  
Title  Project Manager  
Signature  
Disposal Date  3/16/15  
Date  3/13/15