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

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Date of Notice: 03/27/2018 Name of Building Owner / Operator (2) Type Notification Anheuser Busch, Inc. ASBESTOS CONTROL& Agencies Notified Street Address LICENSING EPA **Emergency Notification** 200 Route 1 South Initial Notification DEP City, State & Zip Code X DOL Amended Notification Newark, NJ 07114 X DOH Cancellation Name of Contact Telephone Number DCA Rodrigo Pontello 973-645-8966 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Anheuser-Busch, Inc. School (K-12) Subchapter 8 (Other than K-12) 200 Route 1 South Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 50000 60 +/-Newark Essex Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Environmental Tactics, Inc. 0045 Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07747 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/26/2018 03/27/2018 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Area Isolated During Abatement Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition X Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glove-bag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal. Material (ACM) Solely by Material (ACM) Square Feet Repair, Encapsulation TO BE ABATED Maintenance or (i.e., thermal systems or Enclosure) or in Facility insulation, surfacing, VAT Custodial Staff? Linear Feet) (13)(12)or other miscellaneous) Packaging Area - Maintenance Shop N/A TSI - Condensate Piping 12 LF Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 5 TRRF City. State Disposal Date City, State Freehold, NJ 03/29/2018 Tullytown, Pa Completed By (Print or Type) Signature Date Dominick Tringali Project Manager Dominick Tringali 03/27/2018 ASB-41 JUN 95 G4667

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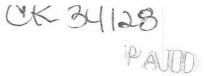
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner/Operator (2) Date of Notification (1) Rich Eckhard 5/15/18 Street Address Type Notification Agencies Notified [X] Initial []EPA Notification City, State, Zip Code []DEP Whippany, NJ, 07981 []Amended 1 0 2018 [X]DOL Notification Telephone Number Name of Contact [X] DOH []EMERGENCY Helen []DCA ASBESTOS CONTROL & []Cancellation LICENSING FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Rich Eckhard []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial Street Address buildings, homes, etc.) Bldg. Age Square Feet # of Floors County Code (7) City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Morris Whippany Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. N/AStreet Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 28-05-25-18 05-Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]Mini-Enclosure [X]Renovation [X] > 3 sf or ≥ 3 lf []Glove-bag Procedure []Demolition []>160 sf or >260 lf []Non-Friable Procedure Abatement Type Location Normally Description of NC NC Location of Amount Asbestos-Containing EMOV Asbestos-Containing Used EP LOSUR (Specify Material (ACM) PSU Solely Material (ACM) SF or (i.e., thermal systems AIR By Maintenance/ TO BE ABATED insulation, surfacing, VAT, Custodial LF) AL In Facility Staff (12) or other miscellaneous) N/A (13)No Yes X 10 SF Duct Insulation X Garage Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Minerva Enterprise INC Hauler ID No. 17040 of Waste 1.0 AZTECH MANAGEMENT, INC. Disposal Date City, State City, State Waynesburg, Ohio 44688 5/29/18 Montclair, NJ 07042 Date Signature Completed By (Print or Type) 5/15/18 Constantine Vivian President

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Helen Donaldson 5/15/18 Type Notification Street Address Agencies Notified [X] Initial []EPA Notification City, State, Zip Code []DEP Maplewood, NJ, 07040 []Amended [X] DOL Notification Telephone Number INFINSING Name of Contact [X] DOH []EMERGENCY Helen []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Helen Donaldson []School (K-12) [|Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial Street Address buildings, homes, etc.) # of Floors Bldg. Age Square Feet County Code (7) County (6) City (5) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Maplewood Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. Owner (8) N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) 26-N/A 24-18 05-18 05-Year Day Month Day Month Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]Mini-Enclosure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation []Glove-bag Procedure $[] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ []Demolition []Non-Friable Procedure Abatement Type Is Location Description of N Location of NCAPSUL Normally Asbestos-Containing Amount REPAIR Asbestos-Containing CHOND Used (Specify MOV Material (ACM) Solely Material (ACM) By Maintenance/ (i.e., thermal systems SF or TO BE ABATED Custodial insulation, surfacing, VAT, LF) In Facility A Staff (12) or other miscellaneous) R (13)Yes N/A No E 12 SF X Duct Insulation X Basement Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. 17040 Minerva Enterprise INC of Waste 1.0 AZTECH MANAGEMENT, INC. City, State Disposal Date City, State Waynesburg, Ohio 44688 5/28/18 Montclair, NJ 07042 Date Signature Title Completed By (Print or Type) 5/15/18 President Constantine Vivian



Send additional Check & 200." for two areas

Date of Notification (1)					Name	e of Buildin	na Ov	vner/Operator ((2)	1-1-20	176.		5.	
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☐ DCA	Cancellation				TY RIFORMAT	1691		1_	-		14	
Name of Facility Where	Abatement is Taking	Place (3)		5-34C01	-98 9 5100 CAREENCE	1034	Type of Facility (4)				
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						Gardin.	etc.)	nvate & commerci	as Dusto	nigo, i	ionies	,
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County (6)			10	County C	ode (7) ISE ONLY)	1		or if being demolish	ned)			
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Name of Monitoring Fire	n Hired by Building (wner (8)		ASCM	No.	Name	of Abatement Co.	nfractor (9)	n	-		1
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City, State, Zip Code							14-12 M/ C/K	WS077	-2	1		1
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Project Wallager for sion	mozing i min		1	0.00			3 344175	7-1000	29			Ì
Start Date (10)	>	Scheduled	Com		Date (11)	1	of OSHA Monitor					l
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Scope of Work (Check)						1	· · · · · · · · · · · · · · · · · · ·					
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		lel	ocatio	n	1				1	Abate	ement	
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Name of Registered W	aste Hauler ハ(たいつ (う)	In(JDEP Wauler ID	No. of W	c Yards aste <i>へ</i>		Registered Landf				
City, State	KIN J	T:0-			1 7	osal Date イカノ) Signatur	18 /2c	ition, M	}- ate /			
Completed by		Title		5 m pm.		Signatur	2 /	U	5/	tal	1	

Print Form



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Date of Notification (1) 5/14/18					of Building NTIC SI			(2) UCTION	name and the	引	<u> </u>	<u> </u>	كا_	U	U		A PART OF THE PART
Agencies Notified	Type Notification				Address AST CC	DUNTY	LINE	RD, SUIT	TE -	03		MAY	1	8 2	018	C. Marie Committee Co.	IJ
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≥ DOH DCA	iustification) Cancellation			Name o	of Contact				L			phone 2-363		ber	1	COLUMN EASY	MANUAL AL
				FAC	ILITY INF	ORMAT	ION										
Name of Facility Where	Abatement is Takin	g Place (3)					Type of F									
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County (6) OCEAN					Code (7) USE ONLY	o		Current U HOME	se (F	Prior	if bein	g dem	nolish	ed)			
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Street Address								Address	VE (COL	JRT						
City, State, Zip Code								state, Zip Co EWOOD,		087	01						
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph	none No. 668-9078			T	Licen 1200),	127-2-2021		
Start Date (10) 05/16/18		Schedul 05/23/		pletion	Date (11)		AND CONTRACTOR	of OSHA M		500 harrer	SION	NALS					
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Address									
Facility Closed/Vaca Abatement Performe X Other – Describe:	ated During Entire F ed Outside of Norm	Period of all Facility	Abaten y Hours	ent			City, S	tate, Zip Co EWOOD,	ode								
Scope of Work (Check Al	I That Apply)						Litte		140	007	01						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	30000 3000	processor.	Renova Demoliti	50.500			×	Gloveba	closu ag Pr	ure oced	lure					9	
		4.00	Locati							T					Abate	ment	
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INTERIO	OR					F	looring	1			15	0SF		x			
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Name of Registered Wasi NEWARK CARTING	te Hauler		H	JDEP W auler ID 1509		Cubic of VVas		Na IE:		of Re	gistere	ed Lar	ndfill				
City, State NEWARK, NJ						Dispos 05/23	sal Date /18	2000000	y, Sta		IEM	PA					
Completed by JOSEPH PERLSTEII	N	Title OWN	IER		engli oran mej pikanom dia a	S	ignature						Date	9			

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State of New Jersey

		ICATIO	N OF AS	ew Jersey BESTOS ABATEM 2 8:60 and 12:120		ECEI	V	E	E-parameter and the second	carle for a summon mally can obtain
Date of Notification (1)		Name		mg Owner/Operator	(2) MAC HI	WESMAY 13	201	8		2
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DEP Amended Amendmen Emergency		City,	State, Zip	WOOD BI	NE M	1) O8	27	0	representation of the second	ASSTURACE OF
DCA justification Cancellation	1)	Name	of Conta	121A		Telephone Numb	er			
		FAC	CILITY IN	FORMATION					0-17211	
Name of Facility Where Abatement is Tal	ring Place (3)				Type of Facilit		`			
Street Address					Other (i.e., homes, etc	private & commercia)	il build			
City (5) STOME	HAR	160	R		Square Feet	# of Floors	_	dg. A 50	7 (S)	
County (6) CAPE WV	+ - <u>-</u> -	USE USE	nty Code (ONLY)	7) (STATE	VP	Prior if being demolis	hed)			
Name of Monitoring Firm Hired by Building (8)	Owner	ASCM	No.	Name of Abatem	ent Contractor (e tric	10			
Street Address				Street Address		S PRUCE #	WE			_
City, State, Zip Code				City, State, Zip Co	CE SH	ADE NI		280	52	,
Project Manager for Monitoring Firm		ephone I		Telephone No. 856 -77	The second secon	License No.	44			
6-18-18	eduled Comple		te (11)	Name of OSHA N	Monitor N	+			_	
Occupancy Status During Abatement (Ch X Facility Closed/Vacated During Entire F	eriod of Abate	ment		Street Address	0					
Abatement Performed Outside of Norm Other - Describe:	al Facility Hou	rs		City, State, Zip Co	ode	<u>.</u>				_
Scope of Work (Check all that apply)	Renovati			Full Con		gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demolitio	n .		Gloveba	g Procedure	on-Friable Procedur				
Location of	Is Location Normality Used Soleh	'		Description of			A	bater Typ		\dashv
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		105014	Cata I	Cubic Yards	I Name of Peo	stered Landfill				\dashv
Name of Registered Waste Hauler CLOW CO JALC	1/25/25	JDEP W		of Waste		M. C. M.	υ,	A		_
City, State WAPLE SHADE	W.J			Disposal Date	City, Staffe-	DBINE		:	_	=
Completed By Title	SUP.			Signature	boh	Date	13	-13	3_	_

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address DEPA DOL Initial Amended City, State, Zip Code Amendment # Emergency (including ☑ DOH justification) Name of Contact T DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age DNE HARBOK 500 50 + County (6) County Code (7) (STATE Current Use (Prior if being demolished) USE ONLY) MACAWI Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) KLFMC Street Address Street Address City, State, Zip Code City, State, Zip Code MAP Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure 1 ≥160 sf or ≥260 lf Demolition Glovebag Procedure

					Non-E	xempted (*) and f	Non-Friable Procedu	re			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Mail	Location ormally of Solein tenar ustodia Staff? (12)	y ly by nce/ al		Description of the stos Containing Mac, thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Tyr. Repair	ment e Encapsulate	El lorosu
	Yes	No	N/A					=		ate	0
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Name of Registered Waste Hauler KLEMCO JMC City, State	. []	1	UDEP V lauler ID	No.	Cubic Yards of Waste	Name of Re	gistered Landfill , M.C. M	1.1	1.1	1	_

Completed By

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Signature

Check # State of New Jersey 0992PATINOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Building	g Ow	ner/Operator (2)	FR	R	ПП	// F	7
	14 / _	18	_		Ма	in Ave Ed	quiti	es LLC/M. R	okowsky	D) E G	E	<u> </u>	// [
Agencies Notified	Type Notifica	ation			Street	Address								-111
☐ EPA					301	Rt. 17 N	orth	I)		IIII MAY	1 9	20	12	Operation of the Party of the P
□ DOLWD					City, S	State, Zip C	ode			I I I I I I I I I I I I I I I I I I I	1 0	20	10	-
☑ DHSS						herford,								Ì
DCA	iustificati	cy (Inci on)	luaing			of Contact				Telephone Numb	s co	TINC	OL	8
(NOAC 5.25-6)	The second secon				100000000000000000000000000000000000000	Rokowsk				973-365-3981	ENS	ING		HU-OLC
	L				FA	CILITY IN	FOF	RMATION						
Name of Facility Where A	batement is 7	Taking	Place	(3)					Type of Facility	(4)	A The ALD			
N/A									☐ School (K-12					
Street Address										8 (Other than K-12) rivate and commerc	ial bu	iilding	s,	
City (5)			-						Square Feet	# of Floors	Blo	dg. Ag	ne .	
Passaic									2800	2		80 yr		
County (6)	_				Cour	nty Code (7	VSTA	TE USE ONLY)		ior if being demolish		. ·		_
Passaic						,	0		Residence	ion in points administration				
Name of Monitoring Firm	Type Notification Initial IND Initial IND		wner (8	3)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)					_
N/A	Tope Notification Initial Ini				N/A		N	AK-B Pro, I	nc.					
Street Address	Type Notification Initial ND Amended Amendment # Emergency (ir justification) C 5:23-8) Facility Where Abatement is Takin Address Aic Monitoring Firm Hired by Building (address) Aic C 5:23-8) Aic Monitoring Firm Hired by Building (address) Aic C 5:23-8) Aic Monitoring Firm Hired by Building (address) Aic C 7:250 Code Ananager for Monitoring Firm Address Aic C 7:250 Code Ananager for Monitoring Firm Ananager for							eet Address						_
	es Notified A						1	04 Market S	treet					
City, State, Zip Code							City	, State, Zip Co	ode					
	os / 14 / 15 Dies Notified						0	Barfield, NJ (7026					
Project Manager for Moni	os / 14 / Imitial Image					No.	Tel	ephone No.		License No.				
							9	73-931-3293		01365				
Start Date (10)	5	Schedu	led Co	mple	tion Da	te (11)	Nar	me of OSHA M	Ionitor					
05/15/	18	_ 05	5_ /	20	_ / _	18_	S	ame as abo	ve					
Occupancy Status During	Abatement (Check	only or	ne)			Stre	eet Address					-	_
☐ Facility Closed/Vacate	d During Entir	re Perio	od of A	bater	ment									
							City	, State, Zip Co	ode					
Time of Abatement: _	AM	PM/		_PM-	-	AM		7/2 6/2 1-28-17-1						
Scope of Work (Check all	that apply)							П г. II О	-11-20-11					
☐ >3 sf or >3 lf			Ren	ovati	on			☐ Mini-Enc	ainment with Neglosure	gative Pressure				
≥160 sf or ≥260 lf			⊠ Den					☐ Glovebag	g Procedure					
								Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedure				
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(10)			Yes	No	N/A		Oti	iei iiiisceilailei	ous				e	
Entire Structure						Entire S	Struc	cture		150 Yds.	\boxtimes			
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Name of Registered Wast				353	JDEP \	No.	Wa		Name of Regis	stered Landfill 5., North W/M of F	ΡΑ			
City, State		F . V .			11222			50 posal Date	City, State		secretal and the secretary of the secret			
Newark, NJ								-18-18	Morrisville	e, PA				
Completed By (Print or Ty	pe)	Title						Signature	1/ /	Date	е		1	_
Biljana Nestorova		Pre	esider	nt				Bu	10510	0.4	5/	14	110	

Tom Voorhees, POL 5/14, 3pm (Pursuant to N Date of Notification (1) Name of Building Owner/Operator (2) 5 14 18 St Francis Medical Center Agencies Notified Type Notification Street Address ☐ EPA 601 Hamilton Ave 1 8 2018 □ DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Trenton NJ 08629 ☐ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) □ Cancellation Rita Gelli **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) St Francis Medical Center School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 601 Hamilton Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Trenton 70,000 3 60+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 120 North Warren Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Trenton, NJ 08010 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rollie Jones 609-392-4200 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 14 / 18 5 / 15 / 18 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/4:00PM-12:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure

≥3 sf or ≥3 If ≥160 sf or ≥260 If		-	novati molitio			☐ Mini-Enc ☐ Gloveba	g Procedure	on-Friable Proced	lure			
		1000	Locat Vormal						Ab	atem	ent T	уре
Location of Asbestos-Containing Mat TO BE ABATE! IN Facility (13)		Use Ma	d Sole intena todial s (12)	ly by nce/	Ast (i	Description of pestos Containing Ma e., thermal systems surfacing, VAT, other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Basement Bldg A Corrid	lor				Pipe I	nsulation		15 LF				
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Name of Registered Waste H	lauler		N.	JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill			_	
BRISTOL ENVIRONME	NTAL, INC.		1	auler IE 18706		Waste 1 Cu Yd	1	LANDFILL				
City, State						Disposal Date	City, State					
BRISTOL, PA 19007						5/15/18		HILLS, PA 190	047			
Completed By (Print or Type) Gino Pizzigoni		le Estima	tor			Signature Mino	Pennigon	19h	S-1	4-	18	

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Date of Notification (1)					Name of Building MERCK SHARP &	Owner		(2)	М	Y 1	8 2	018
5 / 14 /1	8				Street Address			غيا لما [
Agencies Notified Type N	otification	1			126 E. LINCOLN A	VENUE	, P.O. BO	X 2000, RY2	B-414	NOS VERESTE		
DEP 📈 A	itial Notifi mended N	Votific		ו	City, State, Zip Cod RAHWAY, NEW JE		07065		ASPE	0.0	ASING	
X DOH	ancellatio n Hold MERGEN		IOTII	FICA	Name of Contact TION PATRICIA JOHNSO	ON.		Telenhone	Ni, mbe			
					FACILITY INFORMATION			<u> </u>				
Name of Facility Where Abateme	nt is Taki	ing P	lace	(3)	THE STUDY	Туре	of Facilit	v (4)	-		-	
MERCK SHARP & DOHME CORP	ORATION	٧					School (K Subchapt	(-12) er 8 (Other th	nan K-12	2)		
Street Address						X	Other (ie.	private & cor		dgs., h	nomes,	etc.)
126 EAST LINCOLN AVENUE - BI	JILDING '	75D				Sq	uare Feet 1,950	# of Floo	ors	ВІ	dg. Ag 50	е
	ounty (6)				County Code (7)	Curr		rior if being d	emolish	ed)		
	NION				(STATE USE ONLY)	RES	EARCH LA	ABORATORY	AND C	FFICE	FACIL	LI
Name of Monitoring Firm Hired b ENVIRONMETAL HEALTH INVES Street Address	y Buildin TIGATION	Ig Ow VS, IN	ner VC.	(8)	ASCM No. 104	PAR	ENVIRON	ement Contra IMENTAL CO				
655 WEST SHORE TRAIL							et Address	OCK ROAD				
City, State, Zip Code							State, Zip			-		
	A, NEW					SUF	FERN, NE	W YORK 109	901			
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH	<u> </u>	_			e Number		ohone Nun	nber	License	e Numl	per	
Expected State Date (10)	- 10			729-5	etion Date (11)		369-7500	Maritan	1101			
5 / 11 /1 Month Day Year	8	Mor	5 oth	1	14 /18 Day Year	100000000000000000000000000000000000000	e of OSHA RISCI LAE	BORATORIES	SINC		#11480	0
Occupancy Status During Abateme	nt (Check	only	one))			et Address		-			
X Facility Closed/Vacated Abatement Performed C	utside of	Norm	al Fa	acility	Hours - Describe:			HSTREET				
X Other - Describe: M	ONDAY -	FRID	AY 7.	AM-3	3:30 PM	City,	State, Zip	Code	W VOD	(4004	_	
Scope of Work (Check all that apply	()				Full Cont	 ainmer	N⊏V nt with Nea	V YORK, NE' ative Pressur	W YOR	K 1001	6	
Demolition		Renov	vation	n	Mini Encl	ο,		davo i rossui	C			
X >3SF OR LF >160 SF OR 260 LF					Glovebag							
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TO BE ABATED	ı	Maint			insulation, surfaci	ing, VA	Τ,	SF or LF		PAIR	P	6
in Facility (13)	1	Sta Yes I	aff (1:		or other miscella	aneous)		P		CAPSUL	CLOSUR
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Name of Registered Waste Hauler	- I	JDE	P W=	aste	Cubic Yards of Waste	Mama	of Regist	ered Landfill				\vdash
FREEHOLD CARTAGE, INC.		laule		C2-0600000	3	LYCC	MING CO	UNTY RESO	URCE I	MANA	SEMEN	VT SF
825 HIGHWAY 33			5939	Section 1		447 A	LEXANDE	R DRIVE/RC	OUTE 15			52
City, State FREEHOLD, NEW JERSEY					Disposal Date	City,	State			110		
Completed by (Print or Type)	Title				05/11-17/18 Signature	IMON.	GOMERY	, PA 17752	Date			
BENJAMIN SANCHEZ		TOR	OF (OPER	RATIONS				Date			

Title DIRECTOR OF OPERATIONS

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DEP	Initial Notif Amended Cancellation	Notification	on			e, Zip Code 8 RIDGE, N		ERSEY 0	7920		A AY	1	8 2	018
	On Hold EMERGEN	NCY NOT	IFICA			Contact			Telephone	Numbe		O C	TIT	
				FACILITY							71	U/0 (SING	TROL
Name of Facility Where Abatem	ent is Tak	ing Plac	e (3)	71012111	1141 01	WATION	Type	of Facil	ity (4)	THE PERSON NAMED IN	TUPPOUR.		manual AV	1
VERIZON								School (nan K-1	2)			
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Name of Monitoring Firm Hired ESIS		ng Owner	r (8)	(SIA)		SCM No.	Nam	MUNICA e of Abat	ement Contra	actor (9)			
Street Address						17			VMENTAL CC	RPOR	ATI	ON		
10 EXCHANGE PLACE								t Address	OCK ROAD					
City, State, Zip Code								State, Zip		-	_			
JERSEY	CITY, NE								W YORK 109	01				- 1
Project Manager for Monitoring Fir	m			Number				hone Nur		Licens	e N	umbe	er	
BRIAN KINGSBURY Expected State Date (10)			-388-0					369-7500		1101				
	18		omple 2 /	tion Date		40		of OSHA						
Month Day Yea	ır l	Month		30 Day	,	/18 Year	QUE	SIENVIE	RONMENTAL					
Occupancy Status During Abatem Facility Closed/Vacated Abatement Performed (X Other - Describe: N Scope of Work (Check all that app Demolition >3SF OR LF	I During End Dutside of MONDAY -	ntire Perio Normal F	od of A acility 7AM-3	Hours - De			City,	t with Neg)	, NEW	YOI	RK 1	2590	
× >160 SF OR 260 LF						Non-Friable			(EXTERIOR	1				
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Asbestos-containing		normally	22.	С	ontaini	ing Materia	I (ACN	Л)	Amount	12				
Material (ACM) TO BE ABATED	١,	solely Maint/Cus		i.e.	(ie. T	hermal sys	tems	_	(Specify	12		REPA	ENCA	ENCL
in Facility (13)		Staff (1	12)	111	or othe	n, surfacin er miscellar	g, VA neous)	Ι,	SF or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$	PSUL	.OSUR
NORTH ELEVATION				CAULK					30 SF	X	+		,	~
EAST ELEVATION			Х	CAULK					9 SF	X				
SOUTH ELEVATION				CAULK					25 SF	X	_			
WEST ELEVATION			X	CAULK					10 SF	X				
POWER BLDG. RISING WALL			X	ACM PAIN	NT.				150 SF	×	_			\neg
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										+	+	-		\dashv
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City, State		913	-	Disposal D	ate	- 1	City, S	tate						
NEWARK, NEW JERSEY				5/24/18-12		h	PLAM	FIELDTO	WNSHIP, PA		gar		,	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	TOR OF			Signat	ture	X	X		Date C	11	141	1/2	

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Date of Notification (1) MAY 16, 2018			Name 307	of Building	g Owner/ AL AVE	Operator	r (2) ISITI	ION, LLC		WIA	1	1 0	LUI	U
Agencies Notified Type Notification	n		Street	Address GHLANI					A	SBES		CO NSI		OL 8
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DOH justification DCA Cancellatio)	g	Name	of Contact	t		ULLI	DOG	Telepho 732.6					
			FAC	CILITY INF	FORMAT	ION					30700	_		
Name of Facility Where Abatement is Taki 307 CENTRAL AVE. AQUISITION	ng Place	(3)					Тур	e of Facility (4)					
Street Address							×	School (K-12 Subchapter of Other (i.e. pretc.)	Other tha	an K-12) nmercia) I buil	dings	, hom	es,
City (5) METUCHEN								are Feet 311 SF	# of Floo	ors		3ldg. / 1948		
County (6) MIDDLESEX				Code (7) USE ONL	n		Cur	rent Use (Prio	r if being de	emolishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		Name Finis	of Ab	atement Cont Touch Asb	ractor (9) estos Ab	ateme	ent (Corp	., Inc	
Street Address						Street	Addr						15 Marie	
City, State, Zip Code						City, S	tate,	Zip Code		07704		-		
Project Manager for Monitoring Firm			Telepho	one No.		Teleph		ONG BRAN		ense No				
N/A Start Date (10)	Schodul	ad Car	nalation	Data (dd)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8372	000	040	7.0			
MAY 30, 2018	MAY 3	31, 20		Date (11)		Name N/A	of OS	SHA Monitor						
Occupancy Status During Abatement (Che	35 69	132				Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of an all Facility	Abaten y Hours	nent			City, St	tate, 2	Zip Code						
Scope of Work (Check All That Apply)											_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mi Gl	ull Containmen ini-Enclosure lovebag Proce on-Exempted (dure				e	
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Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes	Des tos Cont	scription aining M		al (ACM)	Amount	.		.,		
TO BE ABATED In Facility (13)	(1.0)0.70	intenar todial S (12)		(i.e.	thermal surface	systems cing, VAT niscelland	insul r, or	lation,	(Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
KITCHEN	Yes	No	N/A			=					=		ate	ге
DINING ROOM			X	11001										
			X			VAT			110 SF		X			
BEDROOM EXTERIOR			X			VAT			100 SF		X			
Name of Registered Waste Hauler		K1	X	laats		SIDING	G		1200 SI		K			
Finishing Touch Asbestos Abateme	nt Corp.	ı Ha	JDEP W auler ID 2058		of Was 5 CY			Name of Re						
City, State WEST LONG BRANCH, NJ					Dispos 6/1/18	al Date		City, State MORRIS	VILLE, P	'A				
Completed by JOSEPH P. MILLER	Title PRE	SIDE	NT		Si	gnature	1/	pllle		Date 5/16				

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Date of Notification (1) 5 14/8		Na	me of Br	uilding Owner		r (2)	00	nstruct			1-0		10
Agencies Notified Type Notification		Str	eet Addr	The second second	om	Ur		A I	SBES	10	S C	ONTE	10L 8
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DOH justification)		Na	me of Co		(1		Telephone					
			-	Plackis Y INFORMA	TION			132-0	899-74	99			
Name of Facility Where Abatement is Takin	g Place (i					-	of Facility						
Street Address	CO	1						er 8 (Other than					
1950 Rt	88					IA	etc.)	private & comn	nercial	buile	dings.	home	es,
Brich						A	re Feet	# of Floors	5	В	ildg. A	ge S	
County (6) DODO			unty Coc			-	ent Use (P	nor if being den	nolished	d)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM N		Name	of Aba		Ontractor (9)					-
	, ,						ck Industr	10.5					
Street Address					Stree	t Addre	7.00	D 045		-		-	
City, State, Zip Code					City,	State, Z	Cip Code	Box 915					
							NJ 08723						
Project Manager for Monitoring Firm		Tek	ephone I	No.		hane N	lo. 19-7499	Licen	se No. 0119	16			
Start Date (10)	Schedui	ed Comple	tion Dat	e (11)			HA Monito	or I	0118	,0			
Occupancy Status During Abatement (Chec	k Only Or	1011	8		Street	Addre:	ee						_
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of	Abatement	t [®]				ip Code						
Scope of Work (Check All That Apply)					1					-			\dashv
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renovation Demolition	E			Mir Gio	ni-Enclosu ovebag Pro	ocedure					
	Τ.		T		L	_ No	n-Exempte	ed (*) and Non-l	Friable	_		e ement	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solely b iintenance/ todial Staff (12)			-	is insula AT, or	ation.	Amount (Specify SF or LF)		Removal	Ropair	Encapsulate	Enclosure
	Yes	No N	WA									ā	:D
	-		D	Sbestos Sbestos	s ca	ulk	ing	1035L		8			
			0			or t	Lile	130051		Y			
	-			Mast	ic			52,250	ST	K			
Name of Registered Waste Hauler	1	Haule	EP Waster ID No.		c Yards	(C)		 f Registered Lar rows North L		ill			
Brick Industries, Inc. City, State			602	Dispo	osal Date	10	City, Sta					~	-
Brick, NJ Completed by	Title				1161	11		Morrisvill	-	1		,	
Eric Plackis	1106	Presid	dent		Signatur	5	-	_	Date	51	14	is	

STATE OF N	EW JERSEY DE	EPARTMEN	T OF	LABOR	NOTIFICATION	OFAS	SBESTOS A	BATE	MENT		
<u>Date of Notification (1)</u> 05/04/2018			Section of the last	2 E 5 E	of Building Owner/C	perator (G		V E	
Agencies Notified	Type of Notification	ation	-	Street A	Address			AAY 1	8 20)18	
(X)EPA	(X) Initial N						A CO	CONTRACTOR CO.		Contractor	
(X) NJDEP (X) NJ DOL (X) DOH		lment#	ina	100000000000000000000000000000000000000	ate Zip Code nerford, NJ (ba	semen	t)	LICE	VSING	NOL &	era sveno o
() DCA	justifica () Cancel		ing	Name o	f Contact thew Kuznia			Tel. Nun	nber		
			FACIL	ITY INFORM						-000	
Name of Facility Where Abatem Residential Property	ent is Taking Place (Type of Fa	acility (4)	*					
Street Address				() Subc	hapter 8 (other th	an K-12	!)				
Street Address				1	r (i.e. private & co		15.0	ies, etc.			
City (5)	County (6)	County Code	2 (7)			of Floors		Bldg. A	ge <u>80</u>	_	
Rutherford	BERGEN	(State Use O	nly)	Current L	Jse (if being demo	olished):	abandoned				
Name of Monitoring Firm Hired I ISES, Inc	ov Bldg. Owner (8)	ASCM No.		1	contractor (9) al Safety & Er	nvironr	nental Solut	tions,	Inc.		
Street Address 3300 Hudson Avenue		J		Street Add							
City, State, Zip Code				City State	ZipCode						
Union City, NJ 07087				Union C	City, NJ 07087						
Project Manager for Monitoring F David Camacho	Telephone No. (201)325-			<u>Telephone</u> (201)32					cense N 1124	lumber	
Scheduled Start Date (10) 05/14/2018	Scheduled C (11) 05/16	ompletion Date /2018	2	Name of O	SHA Monitor						
Occupancy Status During Abates () Facility Closed/Vacated Du () Abatement Performed Out	uring Entire Period of side of Normal Facili	f Abatement	S-251 B-10-	Street Add	ress udson Avenue						
(X) Other - Describe: Work	area is not in use			City State	Zip Code City, NJ 07087						
Source of Work (Check all that a	pply) (X) Demolition		() Renovation						
() Minor Project (< 25 SI (X) Small Project (>25 <16 () Large Project (>160 SI	60 SF or >10 <260	LE ACM)) G	() Full Containm) Mini-Enclosure Procedure ()				riable	Proced	lure
Location of Asbestos- Containing Material (ACM)	Is Location Norr Solely by Maint		(i.o		cription of ACM		Amount	Α	bateme	nt Type	
To be Abated in Facility (13)	Custodial Sta	aff? (12)	(1.8		stems insulation, su ther miscellaneous.		(Specify SF or LF)	Rem oval	Rep air	Enca psula te	En clo sur
Basement	YES NO	N/A X	TCI								e
Name of Reg. Waste Hauler	NIDEE	Waste Hauler	1	- pipe	Cubia Vanda asta		~ 60 LFT	X			
Newark Carting	0450		<u> 10 #</u>		Cubic Yards of W	<u>/aste</u>	Name of Reg. IESI BETHI			DFILL	-
City. State 369 Raymond Blvd., New	ark, NJ 07105			Date 16/2018			City_State BETHLEHE	EM. PA	180	15	
Completed by (Print or Type)	Title		Sign	ature	2 0		Date				
David Camacho	Project Sup	ervisor	The second secon	0			05/04/201	8		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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Date of Notification (1)		Name of S	WUE A	nara Raf	121	5	ASBE WAY	,FT(0)	nn Sil	VG.	110
Agencies Notified Type Noticedon		- (TOBA THE	- 1		-		V		1	71
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City, State, Zip Code				City, I	State, Zip C	de					7
Project Manager for Monitoring Firm		l Telephor	a NA	1	and Park hors No.	N.J.	Ligaries No	<u> </u>			-
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Scope of Work (Check All That Apply)	. ',										٦
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City, State Newark, N.J. 07105		1	Das	bani de	Fau	Pen An	M, PA 08072				
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Project Manager for Menitoring Pinn				Mic	dland Park, N	J.	NAT COMMENTS OF THE SECOND		AND DESCRIPTION OF THE PERSON		en 50.00
			ephone No.	201	phene No. 1-262-5841	Appendict Committee	Closese N 00156	lo.			
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Name of Registered Wests Healer Newark Carting, Inc.	- +	Hauler	P Wasta ID No.	Cuble Yards of Waste			red Langal		П		
Ony, State Newark, N.J. 07106		04508		Disposal Osia	Gran	1/4	1 Sanitary	Len	dfill	-	
Completed by R. McDoneld	Title	······································		8 ignsjun	Day Chi	rgyl, PA	08072 Dat	D 1		<u></u>	
R, McDoneld	Presid	ient	_	Signstun	Mital	1	Date	3-/	14/	18	

Ch 2523		NOTIF (P	CATION	OF ASB	ESTO\$	ABATE	MEN	IT		<u>)</u> [C	E		E					
Date of Notification (1)				of Building		Operator	(2)												
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DCA Cancellation			Adam	Corvisi	ero				1 101	CDI IOITE .	•								
			FAC	ILITY INFO	ORMATI	ON													
Name of Facility Where Abatement is Taking Private House	Place (3)			Arces		Ту	pe of Facility (4)										
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Street Address							X	Subchapter Other (i.e. r				ildin	ıs hor	nes					
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Morris				USE ONLY			Cu	rrent Use (Pri	or it bei	ng aemo	HSNed)								
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	Л No.		Name	of A	batement Cor	tractor	(9)		***************************************		-					
Competent Supervisor						Açad	dem	ny Construc	ction I	nc									
Street Address						Street						22-110-0							
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Project Manager for Monitoring Firm			Telepho	ne No		Teleph				Linna	NI-								
ger in morning (mm			relepilo	ne ivo.				4244		License 01155									
Start Date (10)	Schedul	ed Con	pletion	Date (11)				SHA Monitor											
05/25/18	06/01/		9	,				s above											
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Add	ress	-										
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Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/			aining N systems		rial (ACM)		mount specify	,	,	Ē	m					
In Facility	Cus	odial S (12)	Staff?	(surfac	cing, VA	T, or			or LF)	Kemova	100	caps	nclo					
(13)		(/	Τ		other n	niscellan	neou	s)			Oval	- 2	·	sure					
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Basement			X		Pipe	insula	tion		3	0 LF	×		x						
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Name of Registered Waste Hauler	1	N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Land	Ifill								
Academy Construction Inc		100000	auler ID 03442		of Was	ste		Fairles											
City, State						al Date		City, State											
Totowa NJ					TBD			Morrisv	rille, P	A			Type Enclosure Repair X						
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Filip Geleski	Supe	erviso	r				T,	din Je	E.ll		05/14	4/18							



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										7 7	n	-	-
Date of Notification (1)	5/15/18				Building Owner HENAT		MEIER	M.	EG	E	\mathbb{W}		
Agencies Notified	Type Notification			treet Ad		,		TA	4				Total State of the Control of the Co
□ EPA	Initial .						•		MAY	18	201	8-	11
□ DEP	☐ Amended Amendment #				e, Zip Code	.17	024	1					
DOL DOL	Emergency (in			lame of		. 10 1	, 0766	Tele	phone Numb	er: CC	UJTE	OLI	2
DOH DCA	justification) □ Cancellation		18	anne or	fR. He	1=0				1			`
U DCA	La Cancination			FACIL	ITY INFORM			<u> </u>			a Acres Co.		
Name of Facility Where A		ace (3)					Type of Facility (4	1)					
MR.	MEIER				~		□ School (K-12		shap V 12)				
Street Address	10						Subchapter 8 Other (i.e. pr	ivate &	commercial b	uilding	s, hon	nes, et	ic.)
				20			Square Feet	121.20	Floors	_	dg. Ag		-
City (5)	EANECK				•		2000		2		9		
County (6)	EANECK		10	County C	ode (7)		Current Use (Prior	if being					
Be	REEN				SE ONLY)		PES						
Name of Monitoring Firm		wner (8)	\dashv	ASCM	No.	Name	of Abatement Contr	actor (9)					
						Bes	t Removal	Tn					
Street Address						Street	Address						
							South Ri	ver	Stree	t			
City, State, Zip Code				-5-50-			tate, Zip Code		2012012 20100				
							kensack,	NJ (
Project Manager for Moni	itoring Firm		T	elephon	e No.		one No.		License No.				
		C-L-dulad	Camal	ation Do	to (11)	201	- 3 2 9 - 7 4 4 4 of OSHA Monitor		0038	8			
Start Date (10)		Scheduled		118	ue (11)			10.2	T				
Occupancy Status During	Abatement (Check Or		31	/10		Street	ga Enviro Address	nme	irai				
	ated During Entire Per		ment			280	Huyler S	tre	et				
Abatement Performe Other – Describe: _	ed Outside of Normal	Facility Hou	IS _{OU}				tate; Zip Code						
Other - Describe: _	6:00 AH 7 6	7:00	411			Sou	th Hacken	sacl	k, NJ	076	06		
Scope of Work (Check Al	ll That Apply)		12										
≥3 sf or ≥3 lf		□ De	enovation emolition			[Full Containme		Negative Pres	sure			
□ ≥160 sf or ≥260 lf		LI D	emonuc	JII		177	Glovebag Proce	edure					
					ı ———	[Non-Exempted	(*) and	Non-Friable	Tocedi	Abate	ment	
			Locatio								Ty		
Locatio			ormally I Solely		Acheetoe	Description	of faterial (ACM)		mount			_	
Asbestos-Containing TO BE A		0.53	intenanodial St	100000000000000000000000000000000000000	(i.e. thermal	systems insu	lation, surfacing,	(Specify	Rer	Re	inca	Enc
In Fac		Cusa	(12)	cerra:		VAT, or ther miscella		5	F or LF)	Remova	Repair	Encapsulate	Enclosure
(15	,	Yes	No	N/A			**************************************			-		ite .	.6
	1	165	140					6	POLF	×			-
BASEMEN	4			×	THERMAL	575751	e insulation		TOCF	1			-
								-					
								- 40					
Name of Registered Wast	e Hauler			JDEP W		ubic Yards	/ Name of	Register	ed Landfill			1000/170-	
Dank Dane	1 T			auler ID		f Waste Z 1	2 Cy Mina	rws	Enter	nri	900		T.T.C
Best Remova.	I Inc			1710)9 D	isposal Date	City, Stat		BILLEL	211	S.E.S	,	11111
Hackensack,	N.I. 07601					5/31/	18 Wayn	esbi	irg. 0		468	8	
Completed by	110 0/001	Title			1-	Signature	2 /		Da	- 1	_1	. 0	
J. Maiorano		Est	ima	tor		1	Maioron	3		S)1	5)	ð	
						()-		_			100	1	
ASB-41 (R-06-08)						0	* Do not use this fo	rm for a	spestos licens	ure exe	inpted	activ	mes.

	N	OTIFICA (Pursu:	TION OF A	New Jersey SBESTOS ABA 8:60-7 and 12:	TEMEN	NT	Ck	(+	二	2	20	
Date of Notification (1)		,	Nan	ne of Building	Owner/			1	F	(G)		
5 / 1 /18					DOMINIC	CONF.		11/	<u>L</u>	<u> </u>	= !	
Agencies Notified Type Notific	ration			et Address	/ENILIE	DO DO	X 2000, RY28-4					
	Notification					, P.O. BO.	X 2000, RY28-4	14	1	8 AV	10	
DEP Amen X DOL Cance	ded Notifica ellation	tion	RAH	, State, Zip Cod IWAY, NEW JE		07065			77	n M 1	1 0	
X DOH On Ho	RGENCY NO		TION PAT	ne of Contact RICIA JOHNSC	N		Telephone Nu	mber	ASBI	115 115	G QUI	
Name of Facility Where Abatement is	Taking Die	200 (2)	FACILITY II	NFORMATION	7=	, E 100						
MERCK SHARP & DOHME CORPORA		ice (3)				of Facilit School (K Subchapt	-12) er 8 (Other than	K-12)				
Street Address					X	other (ie.	private & comm # of Floors	cl. bld				
126 EAST LINCOLN AVENUE - BUILD	ING 75D					1,950	# OF Floors		Blo	lg. Age 50		
City (5) Count	y (6)		Cour	nty Code (7)			rior if being dem	olisher	4)	50	_	
RAHWAY UNION	١			E USE ONLY)	RESE	EARCH LA	BORATORY A	ND OF	FICE	FACIL	.1	
Name of Monitoring Firm Hired by Bu ENVIRONMETAL HEALTH INVESTIGA	ilding Own	er (8)		ASCM No.	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION							
Street Address	TIONS, INC	J		104		t Address	MENTAL CORF	ORAT	ION			
655 WEST SHORE TRAIL							OCK ROAD					
City, State, Zip Code					City,	State, Zip	Code					
SPARTA, N Project Manager for Monitoring Firm			e Number				W YORK 10901					
WILLIAM S. KERBEL, CIH		73-729-5			FI	hone Num						
Expected State Date (10)			etion Date	(11)		69-7500 of OSHA		01				
5 / 11 /18 Month Day Year	Monti	5 /	17 Day	* December 1			ORATORIES IN	IC	#	11480		
Occupancy Status During Abatement (C X Facility Closed/Vacated Duri	ng Entire Pe	riod of A	Abatement			Address	1 STREET					
Abatement Performed Outsic X Other - Describe: MOND	le of Normal AY -FRIDA	l Facility Y 7AM-3	Hours - De :30 PM	scribe:	City, S	State, Zip	Code					
Scope of Work (Check all that apply)				Eull Cont	oinmont		V YORK, NEW	ORK	10016	3		
Demolition	Renova	ition		Mini Encl	animeni 0 .	with neg	ative Pressure					
X >3SF OR LF				Glovebag	Proced	dure						
>160 SF OR 260 LF	T			X Non-Friat								
Location of Asbestos-containing		cation lly used		Description of Assontaining Materi			Amount		baten	7		
Material (ACM)		ly by		(ie. Thermal sy		")	(Specify	REMOVAL	REPA	N N	ENCL	
TO BE ABATED		ustodial	in	sulation, surfaci	ng, VAT	Γ,	SF or LF)	Ì	AIR	¥	5	
in Facility (13)	_	f (12)		or other miscella	aneous)			P	1~	ENCAPSUL	OSUR	
COMETED	Yes No							-	+	1	, D	
PERIMETER		X	WINDOW	GLAZING			3 SF	X				
							*	+	1	+	\vdash	
								-	-		\vdash	
								+	+	-		
Name of Registered Waste Hauler	NJDEP	Waste	Cubic Vara	ls of Waste	Mama	of Docist	ered Landfill					
REEHOLD CARTAGE, INC.	Hauler I		Oubic Fait	3	LYCO	MING CO	ered Landfill UNTY RESOUR	CF M	ANAC	EMEN	TSE	
325 HIGHWAY 33	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	939			447 A	LEXANDE	R DRIVE/ROUT	E 15	1/10	-141-1	,1 32	
City, State FREEHOLD, NEW JERSEY			Disposal D		City	state /						
	itle		05/11-17/1	Signature	INCIAI	POINTERY	, PA 17752	10	1	1		
	IRECTOR C	F OPER	RATIONS	oignature	1	X	Dat	5/	1	//(2/	