Merck Sharp & Dohme
Safety & The Environment

MSD
RY 28-414
126 E. Lincoln Avenue
PO Box 2000
Rahway, NJ 07065
merck.com

July 8, 2016

CERTIFIED MAIL 7011 1150 0001 2979 2028
RETURN RECEIPT REQUESTED

Asbestos/NESHAPS Notification
U.S. Environmental Protection Agency – Region 2
Division of Enforcement and Compliance Assistance
Air Compliance Branch (DECA-ACB)
290 Broadway, 21st Floor
New York, NY 10007-1866

ATTN: Asbestos Section, Victor Tu

Re: Notification of Demolition and Renovation
40 CFR 61.145(b)

Dear Mr. Tu:

In accordance with the above referenced regulation, attached please find an asbestos renovation and demolition notification for activities involving the removal of greater than 160 square feet of asbestos containing material from Building 80D at the Merck Sharp & Dohme Corp., Rahway, NJ site. As per 40 CFR 61.145 (b)(3)(i), notification is required 10 working days before asbestos removal and demolition begins. This notification and completion of the attached form is being submitted to meet this requirement.

Please contact Ms. Kathi Bragdon at (732) 594-7558 if you have any questions or need additional information.

Sincerely,

Kathi Bragdon for Sandra Schenk

Sandra Schenk

Attachments

cc: Certified Mail **7011 1150 0001 2979 2004**
NJ Dept. of Health and Senior Services
Consumer and Env & Occ Health Services
135 E. State St.
P.O. Box 369
Trenton, New Jersey 08625
ATTN: Jim Vermeychuk
(As required by N.J.A.C. 8:60-7.2)

Certified Mail **7011 1150 0001 2979 2011**
NJ Dept. of Labor
Division of Public Safety & Occupational Safety & Health
Asbestos Control & Licensing Section
1 John Fitch Plaza, 3rd Floor
P. O. Box 949
Trenton, New Jersey 08625-0949
(As required by N.J.A.C. 12:120-7.2a)

NOTIFICATION OF DEMOLITION AND RENOVATION

DATE (mo/day/yr): July 8, 2016

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)
AGENCIES NOTIFIED: (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA

OWNER: MERCK SHARP & DOHME CORP.		
Address 126 EAST LINCOLN AVENUE , P.O. Box 2000, RY28-414		
City: RAHWAY	State: NJ	Zip: 07065
Contact: Sandra M. Schenk		Tel: (732) 594-7746
II. REMOVAL CONTRACTOR: PAR Environmental Corporation		
License Number: 01101		
Address: 313 Spook Rock Road		
City: Suffern	State: New York	Zip: 10901
Contact: Gabe Quinones		Tel: (215) 365-5810
OTHER OPERATOR:		
Address:		
City:	State:	Zip:
Contact:		Tel:

III. TYPE OF NOTIFICATION (O = Original/R = Revised/C = Cancelled): **Original**

IV. TYPE OF OPERATION (D = Demolition/R = Renovation/O = Ordered Demo/E = Emergency Renovation):
(D) Large [>160 SF or >260 LF] ( ) Small [< 160, > 25 SF or <260, >10 LF] ( ) Minor [<25 SF or <10 LF]
( ) Full Containment / Neg. Press. ( ) Mini-Enclosure (D) Glovebag Procedure

V. IS ASBESTOS PRESENT? YES (Yes/No)

VI. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Occupancy Status During Abatement (X) Facility Closed/Vacated ( ) Abatement Performed Outside of Normal Hours
Describe: Bldg. 80D

Address: SAME AS ABOVE				
City:		State:	County: UNION	
Site location:				
Building size	Sq. Meter:	Sq. Ft: 22,200	# of Floors: 1	Age in Years: 53
Present Use: Vacant		Prior Use: Mechanical Shop		

VII. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
The Asbestos present at the site was identified with the procedures described in 40 CFR 763.

VIII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.

	RACM To Be Removed	Description	Type (Rem/Rep/ Encap/Enclose)	Custodial Use? (Y/N)	Non-friable Asbestos Not to Be Removed Cat I	Cat II
Tile & Mastic – square feet	3,865	Floor	Removal	YES	N/A	N/A
Caulk – linear feet	715	Floor & Window	Removal	YES	N/A	N/A
Caulk – linear feet	1,150	Metal Roof Seam Sealant	Removal	YES	N/A	N/A

IX. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)	Start: 7/25/16 Completion: 9/25/16
X. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)	Start: 12/6/16 Completion: 3/20/17 Demolition
Xa. DATE AND TIME OF DISPOSAL (Quantity of waste to be disposed is the same as RACM to be removed as indicated in VIII)	**Date: on or after 7/25/2016** **Time: Between 7:00am & 3:00pm**

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Demolition and removal of entire building.

XII. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Qualified contractors will perform all the work. All remediation work will be in accordance with 40 CFR 61.140-61.156 and NJ waste management handling and disposal requirements including wet removal.

XIII. MONITORING FIRM	
Name: Environmental Health Investigations, Inc.	ASCM No: 00104
Address: 655 West Shore Trail	OSHA Monitor: AmeriSci Laboratories Inc.
City: Sparta, NJ 07871	License No: 11480
Contact Person: William S. Kerbel, CIH	State: NJ
	Tel: (973) 729-5649

XIV. WASTE TRANSPORTER #1		
Name: Freehold Cartage, Inc.	NJDEP Registration No.: 15939 (Required by N.J.A.C. 8:60-7.2(b)(8) & 12:120-7.2(b)(8))	
Address: 825 Highway 33		
City: Freehold	State: New Jersey	Zip: 07728-5010
Contact Person: Kenneth Reeves		Tel: (732) 462-1001 x 7220

XV. WASTE DISPOSAL SITE #1		
Name: Lycoming County Resource Management Services		
Address: 447 Alexander Drive / Route 15		
City: Montgomery	State: PA	Zip: 17752
Telephone: (800) 326-9571		

WASTE DISPOSAL SITE #2		
Name:		
Address:		
City:	State:	Zip:
Telephone:		

XVI. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW	
Name: **NOT APPLICABLE**	Title:
Authority:	
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XVII. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency.(MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

XVIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

All work will cease until analysis has been completed and impact assessed. In case of crumbling, HEPA vacuum cleaning followed by wet wiping will be performed.

NOTIFICATION OF DEMOLITION AND RENOVATION (Continued)

XIX. Form Completed By		
Gerald Stankovitz, Project Engineer (Printed Name & Title)	(Signature of Preparer)	8-JUL-2016 (Date)
XX.	**I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.** **(Required 1 year after promulgation)**	
	(Signature of Owner/Operator)	08-JUL-2016 (Date)
XXI.	**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**	
	(Signature of Owner/Operator)	08-JUL-2016 (Date)