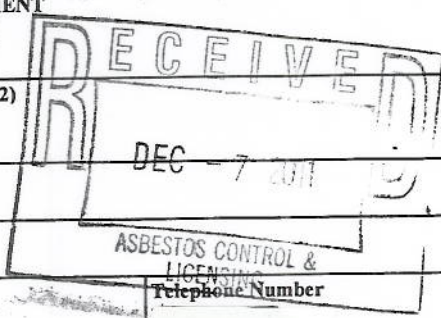


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 12/06/11 Month/Day/Year		Name of Building Owner/Operator (2) Campell Soup Company	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address 1 Campell Place	
	<input type="checkbox"/> Notification	City, State, Zip Code Camden NJ 08103	
	<input type="checkbox"/> Amended	Name of Contact Richard O' Neill	
	<input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Campell Soup World Headquarters 2nd fl			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 1 Campell place			Square Feet 5000	# of Floors 2	Bldg. Age 50+
City (5) Camden	County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office area		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 3370 Progress Drive - Suite J		Street Address 98 LaCrue Avenue			
City, State, Zip Code Bensalem PA 19020		City, State, Zip Code Glen Mills, PA 19342			
Project Manager of Monitoring Firm Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 610-364-9622	Licence Number 1103	
Scheduled Start Date (10) 12/20/11 Month/Day/Year	Sched. Completion Date (11) 03/30/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 5:00 PM to 1:30 AM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition >3 sf or >3 lf >160 sf or >260 lf	Renovation	Full Containment with Negative Pressure Mini - Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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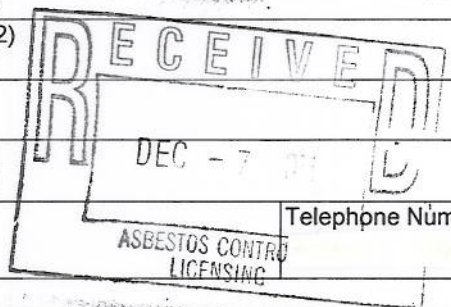
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type									
	Yes	No	N/A			R	E	R	E	E	E				
						M	O	P	A	P	S				
2nd floor		<input checked="" type="checkbox"/>		mastic	1200	<input checked="" type="checkbox"/>									
2 nd floor		<input checked="" type="checkbox"/>		floor tile	1200	<input checked="" type="checkbox"/>									

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 12-6-11

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)**

**1110-4391 NF
Check #3581**

Date of Notification (1) 12/2/11		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2083 Lawrenceville Road
			City, State & Zip Code Lawrenceville, NJ 08648
			Name of Contact Fred Porter
			Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University – GSB Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet	# of Floors	Bldg. Age
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Classrooms		

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 515 Grove Street Suite 1B		Street Address 30 Maple Ave			
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 609-265-2107	License Number 00529	

Scheduled Start Date (10) 12/3/11	Scheduled Completion Date (11) 12/3/11	Name of OSHA Monitor EMSL Analytical			
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Saturday <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

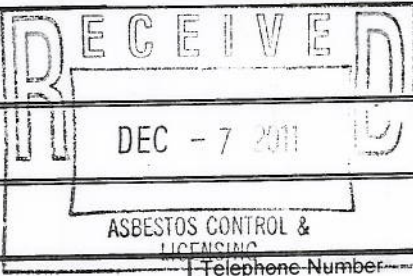
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 12/3/11	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Off. Coord.	Signature 		Date 12/2/11

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2011-248

Check # 4930



Date of Notification (1) <u>12/15/11</u>		Name of Building Owner/Operator (2) <u>Stephen Mallozzi</u>	
Agencies Notified	Type Notification	Street Address <u>141 Raab Avenue</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Bloomfield, NJ 07003</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <u>Stephen Mallozzi</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Stephen Mallozzi</u>			Type of Facility (4)		
Street Address <u>141 Raab Avenue</u>			<input type="checkbox"/> School (K - 12)		
City (5) <u>Bloomfield, NJ 07003</u>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) <u>Essex</u>			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County Code (7) (State use only)			Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished) <u>residential</u>		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm	Phone Number		Telephone Number <u>973-696-6869</u>	License Number <u>0378</u>	
Scheduled Start Date (10) <u>12/15/2011</u>	Sched. Completion Date (11) <u>12/16/2011</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one)			Street Address <u>105 Ryerson Road</u>		
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

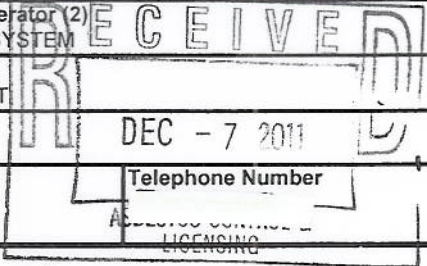
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
main room area			<input checked="" type="checkbox"/>	pipe insulation	21 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bathroom area			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	3 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>12/16/2011</u>	City, State <u>Tullytown, PA</u>		
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <i>Gordana Luna</i>		Date <u>12/5/2011</u>

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:20-7)

check #2524

Date of Notification (1) 12 / 06 / 11		Name of Building Owner / Operator (2) PRINCETON HEALTH CARE SYSTEM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 253 WHITHERSPOON STREET		City, State, Zip Code PRINCETON, NJ 08540	
Name of Contact PAM GARBINI		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRINCETON MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address BLOCK 1703, LOT 1.01, PLAINSBORO ROAD			Square Feet N/A		
City (5) PLAINSBORO			County (6) MIDDLESEX		County Code (7)
City, State, Zip Code LYNDHURST, NJ 07071			# Of Floors NA		Building Age 40+
Project Mngr. For Monitoring Firm JOHN CHIAVIELLO			Telephone Number 201-438-4839		
Sched. Start Date (10) 12 / 22 / 11			Sched. Completion Date (11) 01 / 22 / 12		

Name of Monitoring Firm Hired by Bldg. Owner (8) MCCABE ENVIRONMENTAL		ASCM NO		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
Street Address 464 VALLEY BROOK AVE		City, State, Zip Code LYNDHURST, NJ 07071		Street Address 462 Getty Avenue	
Project Mngr. For Monitoring Firm JOHN CHIAVIELLO		Telephone Number 201-438-4839		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 973-772-3660		License Number 00117			

Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: MON-FRI -7AM -3:30PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

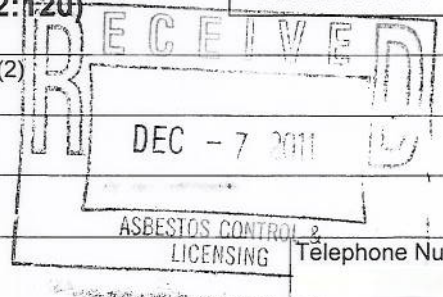
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
BLDG 10B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF	19,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 10B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WATERPROOFING	8,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA	

Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 12/06/11
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1112-1606
Check #: 2499



Date of Notification (1) 12/5/11		Name of Building Owner / Operator (2) Andrew Sharpless/DSA Cat	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 154 Cooper Road, Suite 1301	
		City, State & Zip Code West Berlin, NJ 08091	
		Name of Contact Mr. Andrew Sharpless	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey American Pub			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 300 Columbia Avenue			Square Feet 2,500	# of Floors 1.5	Bldg. Age 1970
City (5) Lindenwold	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address P.O. Box 316		Street Address 3859 Sylon Blvd.			
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Steve/Dave Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400	License Number 00862	

Scheduled Start Date (10) 12/19/11	Scheduled Completion Date (11) 12/23/11 Possibly (2) Phases	Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Part of this will be done in conjunction with the demolition due to a fire creating unsafe conditions. AMS will regulate the area and provide Environmental Support inclusive of water, prepared cans, etc.

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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 12/22/11		City, State Morrisville, PA
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 12/5/11

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

CK # 22147

Date of Notification (1) 12 / 6 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified		Street Address 1 HESS PLAZA	
Type Notification		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact DAVID CERULO	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #11	Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	RECEIVED DEC - 7 2011 ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4)	
Street Address 1 HESS PLAZA		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) WOODBIDGE		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	

County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Square Feet 187,000	# of Floors 13	Bldg. Age 42
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Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL	ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
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Street Address 1600 ROUTE 22	Street Address 313 SPOOK ROCK ROAD
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City, State, Zip Code UNION, NEW JERSEY 07083	City, State, Zip Code SUFFERN, NEW YORK 10901
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Project Manager for Monitoring Firm MIKE NEHLSSEN	Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460
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Expected State Date (10) 11 / 7 /11	Sched. Completion Date (11) 5 / 30 / 12	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one)	Street Address 1376 ROUTE 9 W
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<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	City, State, Zip Code WAPPINGERS FALLS, NY 12590
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<input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM	
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Scope of Work (Check all that apply)	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
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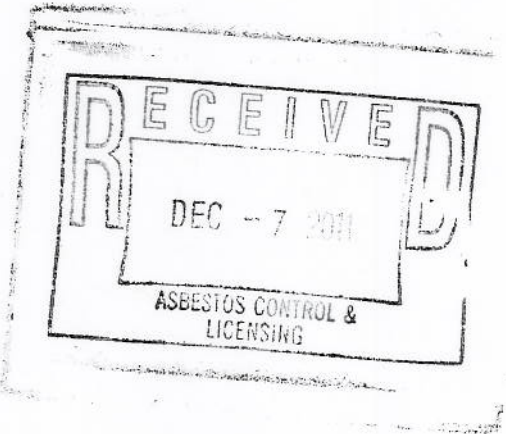
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl.,
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<input checked="" type="checkbox"/> >3SF OR LF	<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Friable Procedure
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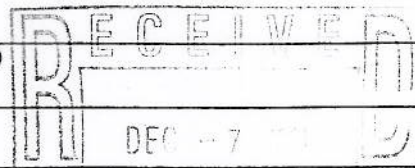
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X		PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR- ENTIRE		X		VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE		X		COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE		X		TAR	25 SF	X			
2ND FLOOR- ENTIRE		X		PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X		VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X		COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X		JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X		ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE		X		TAR	25 SF	X			
PLAZA-ENTIRE		X		PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		GASKETS	10 SF	X			
1ST FLOOR -BOILER ROOM		X		PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM		X		DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X		VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA		X		JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X		COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X		PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X		DUCT INSULATION	770 SF	X			

1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
11TH FLOOR -ENTIRE		X	VAT & MASTIC	8,000 SF	X		
11TH FLOOR -ENTIRE		X	JOINT COMPOUND	7,920 SF	X		
11TH FLOOR PERIMETER		X	COVE BASE MASTIC	55 SF	X		
11TH FLOOR-THROUGHOUT		X	PIPE FITTINGS	75 LF	X		
11TH FLOOR-PERIMETER WALL		X	TAR MASTIC	25 SF	X		

Name of Registered Waste Hauler DJM TRANSPORT , LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 100	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	Date 12/6/11



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

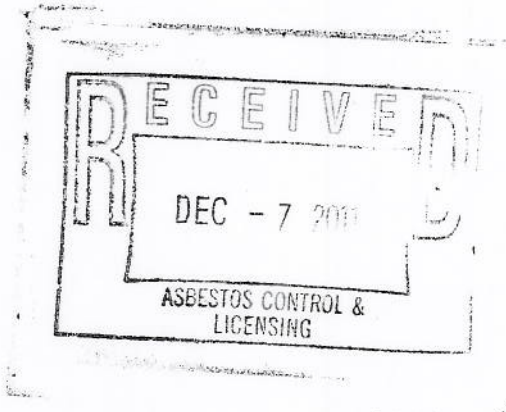


Date of Notification (1) 11 / 4 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 10 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	Telephone Number LICENSING

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13	Bldg. Age 42		
City (5) WOODBIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE		
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 1600 ROUTE 22			Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code UNION, NEW JERSEY 07083			City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644		Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 11 / 7 / 11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM				Street Address 1376 ROUTE 9 W		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclot, <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
				City, State, Zip Code WAPPINGERS FALLS, NY 12590		

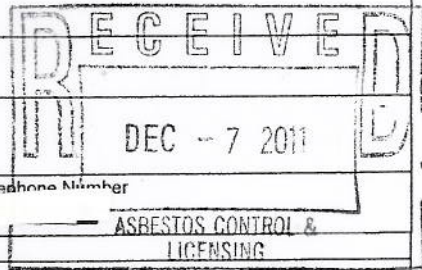
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	REMOVAL	REPAIR	ENCAPSULE
3RD FLOOR - ENTIRE		X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X	TAR	25 SF	X			
2ND FLOOR- ENTIRE		X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE		X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE		X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE		X	TAR	25 SF	X			
2ND FLOOR- ENTIRE		X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE		X	TAR	25 SF	X			
PLAZA-ENTIRE		X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM		X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM		X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM		X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM		X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM		X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM		X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA		X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X	DUCT INSULATION	770 SF	X			
1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X			

3 rd FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1 ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT , LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL				
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	Date 11/4/11				



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

Date of Notification (1) 10 / 14 / 11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified		Street Address 1 HESS PLAZA	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code WOODBRIDGE, NEW JERSEY 07095	
Type Notification		Name of Contact DAVID CERULO	
<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #9 <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number	



FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)

Street Address 1 HESS PLAZA	Square Feet 187,000	# of Floors 13	Bldg. Age 42
City (5) WOODBRIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	
Current Use (Prior if being demolished) COMMERCIAL OFFICE			

Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL	ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
--	-----------------------	--

Street Address 1600 ROUTE 22	Street Address 313 SPOOK ROCK ROAD
City, State, Zip Code UNION, NEW JERSEY 07083	City, State, Zip Code SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm MIKE NEHLSEN	Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460
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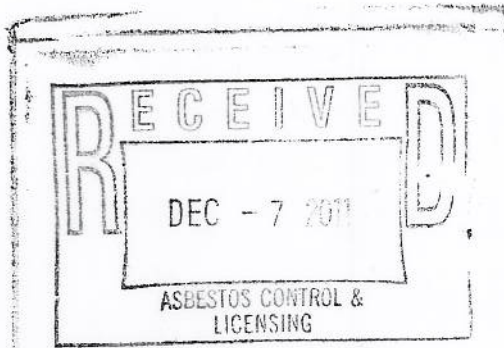
Expected State Date (10) 6 / 23 / 11	Sched. Completion Date (11) 5 / 30 / 12	Name of OSHA Monitor QUALITY ENVIRONMENTAL
--	---	--

Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9 W
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM SAT. & SUN 7AM-3:30PM		City, State, Zip Code WAPPINGERS FALLS, NY 12590

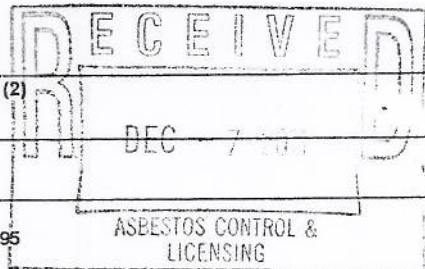
Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
	3RD FLOOR - ENTIRE		X				VAT & MASTIC	8,005 SF	X
3RD FLOOR - ENTIRE		X		PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		PIPE FITTINGS INSULATION	380 LF	X			
PLAZA - ENTIRE		X		VAT & MASTIC	12,425 SF	X			
PLAZA - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
PLAZA - ENTIRE		X		JOINT COMPOUND	18,820 SF	X			
PLAZA - ENTIRE		X		ACOUSTICAL PLASTER	7,275 SF	X			
PLAZA - ENTIRE		X		TAR	25 SF	X			
PLAZA - ENTIRE		X		PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR - MECHANICAL ROOM		X		DUCT INSULATION	665 SF	X			
1ST FLOOR - MECHANICAL ROOM		X		PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR - MECHANICAL ROOM		X		VIBRATION CLOTH	4 SF	X			
1ST FLOOR - MECHANICAL ROOM		X		GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM		X		PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR - BOILER ROOM		X		DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X		VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA		X		JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X		COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X		PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X		DUCT INSULATION	770 SF	X			

2ND FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
2ND FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
DJM TRANSPORT , LLC		26981	1	GROWS LANDFILL			
City, State			Disposal Date	City, State			
KEARNEY, NEW JERSEY			6/23/11-05/15/2012	MORRISVILLE, PA			
Completed by (Print or Type)		Title	Signature	Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS	<i>BSS</i>	10/14/11			



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

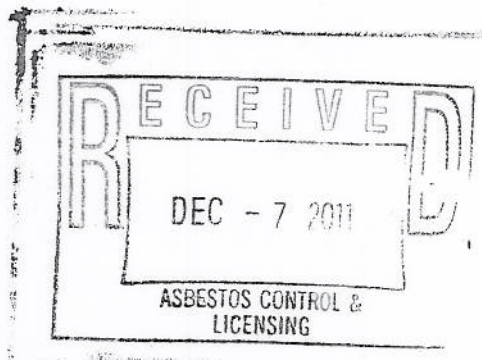


Date of Notification (1) 9 / 28 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #8 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBRIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	Telephone Number

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13	Bldg. Age 42		
City (5) WOODBRIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE		
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 1600 ROUTE 22			Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code UNION, NEW JERSEY 07083			City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644		Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 6 / 23 /11		Sched. Completion Date (11) 5 / 30 / 12		Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM SAT. & SUN 7AM-3:30PM				Street Address 1376 ROUTE 9 W		
				City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X		PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X		VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X		COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X		JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X		ACOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE		X		TAR	25 SF	X			
PLAZA-ENTIRE		X		PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		GASKETS	10 SF	X			
1ST FLOOR -BOILER ROOM		X		PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM		X		DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X		VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA		X		JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X		COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X		PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X		DUCT INSULATION	770 SF	X			

OR HALLWAY		X	PIPE FITTINGS	20 LF	X		
FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT , LLC		NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL			
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012		City, State MORRISVILLE, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BJS</i>		Date 9/28/11			



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

RECEIVED

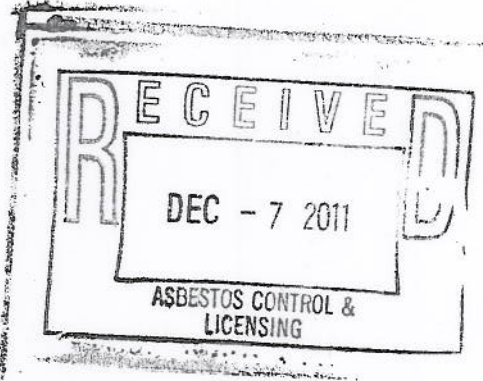
Date of Notification (1) 9 / 26 / 11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #7 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBRIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	Telephone Number

DEC - 7 2011
 ASBESTOS CONTROL & LICENSING

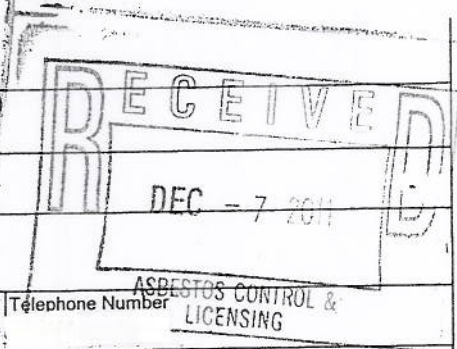
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 HESS PLAZA				Square Feet 187,000	# of Floors 13	Bldg. Age 42
City (5) WOODBRIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE			
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 1600 ROUTE 22			Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code UNION, NEW JERSEY 07083			City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm MIKE NEHLESEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460		
Expected State Date (10) 6 / 23 / 11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM				Street Address 1376 ROUTE 9 W		
				City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X	TAR	25 SF	X			
2ND FLOOR- ENTIRE		X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE		X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE		X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE		X	TAR	25 SF	X			
2ND FLOOR- ENTIRE		X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE		X	TAR	25 SF	X			
PLAZA-ENTIRE		X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM		X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM		X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM		X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM		X	GASKETS	10 SF	X			
1ST FLOOR -BOILER ROOM		X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM		X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA		X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X	DUCT INSULATION	770 SF	X			

FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
DJM TRANSPORT , LLC		26981	1	GROWS LANDFILL			
City, State			Disposal Date	City, State			
KEARNEY, NEW JERSEY			6/23/11-05/15/2012	MORRISVILLE, PA			
Completed by (Print or Type)		Title	Signature	Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS	<i>[Signature]</i>	9/26/11			



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



Date of Notification (1)
 9 / 9 /11

Name of Building Owner/Operator (2)
 HESS CORPORATION

Street Address
 1 HESS PLAZA

City, State, Zip Code
 WOODBRIDGE, NEW JERSEY 07095

Name of Contact
 DAVID CERULO

Telephone Number

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #6
<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 HESS PLAZA

Street Address
 1 HESS PLAZA

City (5)
 WOODBRIDGE

County (6)
 MIDDLESEX

County Code (7) (STATE USE ONLY)

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
 187,000

of Floors
 13

Bldg. Age
 42

Current Use (Prior if being demolished)
 COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
 HILLMANN ENVIRONMENTAL

ASCM No.
 17

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 1600 ROUTE 22

City, State, Zip Code
 UNION, NEW JERSEY 07083

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
 MIKE NEHLSSEN

Telephone Number
 908-377-5644

Telephone Number
 845-369-7500

License Number
 460

Expected State Date (10)
 6 / 23 / 11

Sched. Completion Date (11)
 5 / 30 / 12

Name of OSHA Monitor
 QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM

Street Address
 1376 ROUTE 9 W

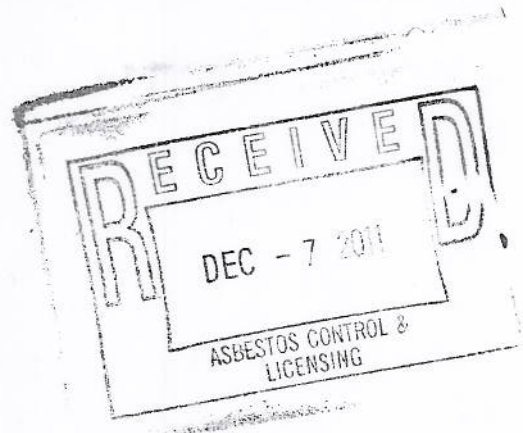
City, State, Zip Code
 WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

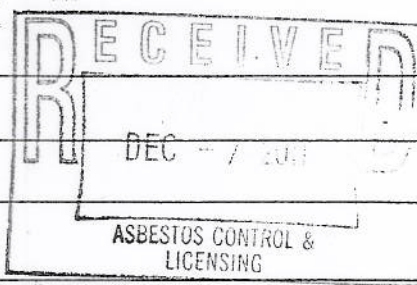
<input type="checkbox"/>	Demolition
<input type="checkbox"/>	>3SF OR LF
<input checked="" type="checkbox"/>	>160 SF OR
<input checked="" type="checkbox"/>	Renovation
<input checked="" type="checkbox"/>	Full Containment with Negative Pressure
<input checked="" type="checkbox"/>	Mini-Enclø
<input checked="" type="checkbox"/>	Glovebag Procedure
<input type="checkbox"/>	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)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X		PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X		VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X		COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X		JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X		ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE		X		TAR	25 SF	X			
PLAZA-ENTIRE		X		PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM		X		PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM		X		DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X		VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA		X		JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X		COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X		PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X		DUCT INSULATION	770 SF	X			

Registered Waste Hauler TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	Date 9-9-11



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



Date of Notification (1)
 8 / 25 / 11

Name of Building Owner/Operator (2)
 HESS CORPORATION

Street Address
 1 HESS PLAZA

City, State, Zip Code
 WOODBRIDGE, NEW JERSEY 07095

Name of Contact
 DAVID CERULO

Telephone Number

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #5
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 HESS PLAZA

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
 1 HESS PLAZA

Square Feet 187,000 **# of Floors** 13 **Bldg. Age** 42

City (5) WOODBRIDGE **County (6)** MIDDLESEX **County Code (7) (STATE USE ONLY)**

Current Use (Prior if being demolished)
 COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL **ASCM No.** 17 **Name of Abatement Contractor (9)** PAR ENVIRONMENTAL CORPORATION

Street Address 1600 ROUTE 22 **Street Address** 313 SPOOK ROCK ROAD

City, State, Zip Code UNION, NEW JERSEY 07083 **City, State, Zip Code** SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm MIKE NEHLSSEN **Telephone Number** 908-377-5644 **Telephone Number** 845-369-7500 **License Number** 460

Expected State Date (10) 6 / 23 / 11 **Sched. Completion Date (11)** 5 / 30 / 12 **Name of OSHA Monitor** QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM

Street Address 1376 ROUTE 9 W

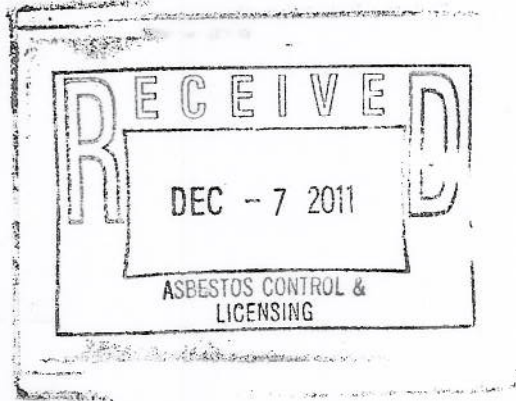
City, State, Zip Code WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

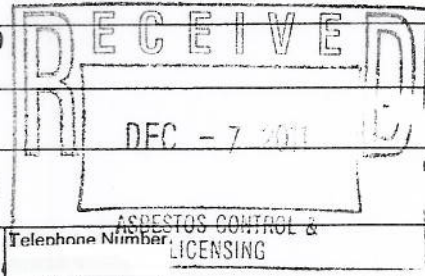
<input type="checkbox"/>	Demolition	<input checked="" type="checkbox"/>	Renovation
<input type="checkbox"/>	>3SF OR LF	<input type="checkbox"/>	Full Containment with Negative Pressure
<input checked="" type="checkbox"/>	>160 SF OR	<input type="checkbox"/>	Mini-Encl _o
		<input type="checkbox"/>	Glovebag Procedure
		<input type="checkbox"/>	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)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA - ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA - ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA - ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA - ENTIRE			X	TAR	25 SF	X			
PLAZA - ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR - MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR - MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR - MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR - MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR - BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			

Registered Waste Hauler TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	Date 8/25/11
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	



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



Date of Notification (1)
 8 / 22 /11

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
 HESS CORPORATION

Street Address
 1 HESS PLAZA

City, State, Zip Code
 WOODBRIDGE, NEW JERSEY 07095

Name of Contact
 DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 HESS PLAZA

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
 1 HESS PLAZA

Square Feet
 187,000

of Floors
 13

Bldg. Age
 42

City (5)
 WOODBRIDGE

County (6)
 MIDDLESEX

County Code (7)
 (STATE USE ONLY)

Current Use (Prior if being demolished)
 COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
 HILLMANN ENVIRONMENTAL

ASCM No.
 17

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 1600 ROUTE 22

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 UNION, NEW JERSEY 07083

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
 MIKE NEHLSSEN

Telephone Number
 908-377-5644

Telephone Number
 845-369-7500

License Number
 460

Expected State Date (10)
 6 / 23 / 11

Sched. Completion Date (11)
 5 / 30 / 12

Name of OSHA Monitor
 QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM

Street Address
 1376 ROUTE 9 W

City, State, Zip Code
 WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

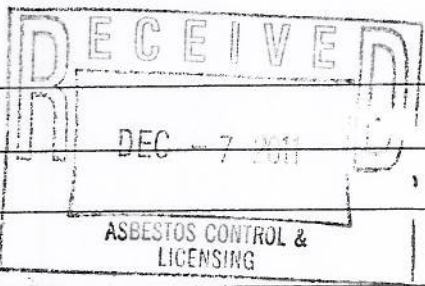
<input type="checkbox"/>	Demolition
<input type="checkbox"/>	>3SF OR LF
<input checked="" type="checkbox"/>	>160 SF OR
<input checked="" type="checkbox"/>	Renovation
<input checked="" type="checkbox"/>	Full Containment with Negative Pressure
<input checked="" type="checkbox"/>	Mini-Enclos.
<input checked="" type="checkbox"/>	Glovebag Procedure
<input type="checkbox"/>	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)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR- ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE			X	TAR	25 SF	X			
2ND FLOOR- ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR -BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			

Registered Waste Hauler TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	Date 8/22/11



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

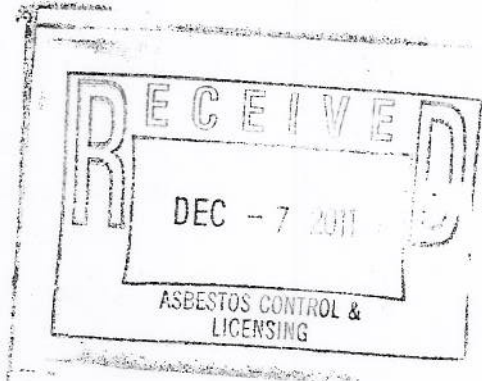


Date of Notification (1) 7 / 22 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	Telephone Number 609-377-6644

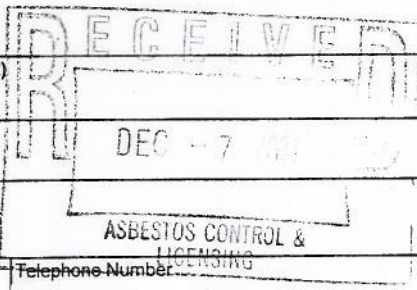
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13	Bldg. Age 42		
City (5) WOODBIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE		
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD				
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901				
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644		Telephone Number 845-369-7500		License Number 460
Expected State Date (10) 6 / 23 / 11		Sched. Completion Date (11) 5 / 30 / 12			Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM				Street Address 1376 ROUTE 9 W		
				City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X		PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR- ENTIRE		X		VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE		X		COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE		X		TAR	25 SF	X			
2ND FLOOR- ENTIRE		X		PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X		VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X		COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X		JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X		ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE		X		TAR	25 SF	X			
PLAZA-ENTIRE		X		PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		GASKETS	10 SF	X			
1ST FLOOR -BOILER ROOM		X		PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM		X		DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X		VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA		X		JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X		COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X		PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X		DUCT INSULATION	770 SF	X			

Registered Waste Hauler TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 7/22/11



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



Date of Notification (1) 6 / 21 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBRIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
		Bldg. Age 42	

City (5) WOODBRIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION

Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	

Project Manager for Monitoring Firm MIKE NEHLSEN	Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 6 / 23 /11	Sched. Completion Date (11) 5 / 30 / 12	Name of OSHA Monitor QUALITY ENVIRONMENTAL	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM		Street Address 1376 ROUTE 9 W	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Renovation <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR			

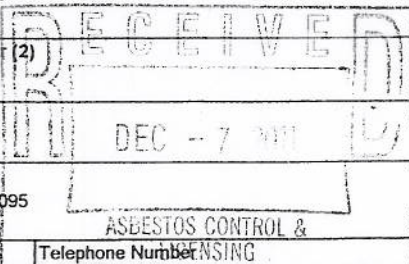
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X		PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		PIPE FITTINGS INSULATION	380 LF	X			
PLAZA - ENTIRE		X		VAT & MASTIC	12,425 SF	X			
PLAZA - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
PLAZA - ENTIRE		X		JOINT COMPOUND	18,820 SF	X			
PLAZA - ENTIRE		X		ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA - ENTIRE		X		TAR	25 SF	X			
PLAZA - ENTIRE		X		PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR - MECHANICAL ROOM		X		DUCT INSULATION	665 SF	X			
1ST FLOOR - MECHANICAL ROOM		X		PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR - MECHANICAL ROOM		X		VIBRATION CLOTH	4 SF	X			
1ST FLOOR - MECHANICAL ROOM		X		GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM		X		PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR - BOILER ROOM		X		DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X		VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA		X		JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X		COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X		PIPE INSULATION	25 LF	X			

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
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	26981		
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 6/21/11

RECEIVED
DEC - 7 2011
ASBESTOS CONTROL &
LICENSING

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60-7 and 12:120.7)



Date of Notification (1)
 3 / 8 / 11

Name of Building Owner/Operator (2)
 HESS CORPORATION

Street Address
 1 HESS PLAZA

City, State, Zip Code
 WOODBRIDGE, NEW JERSEY 07095

Name of Contact
 DAVID CERULO

Telephone Number
 [REDACTED]

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input checked="" type="checkbox"/>	Initial Notification
<input type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 HESS PLAZA

Street Address
 1 HESS PLAZA

City (5)
 WOODBRIDGE

County (6)
 MIDDLESEX

County Code (7)
 (STATE USE ONLY)

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
 187,000

of Floors
 13

Bldg. Age
 42

Current Use (Prior if being demolished)
 COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
 HILLMANN ENVIRONMENTAL

ASCM No.
 17

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 1600 ROUTE 22

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 UNION, NEW JERSEY 07083

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
 MIKE NEHLSSEN

Telephone Number
 908-377-5644

Telephone Number
 845-369-7500

License Number
 460

Expected State Date (10)
 6 / 22 / 11

Sched. Completion Date (11)
 5 / 30 / 12

Name of OSHA Monitor
 QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MON. - FRI. 6:00 PM - 4:00 AM

Street Address
 1376 ROUTE 9 W

City, State, Zip Code
 WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition
<input type="checkbox"/>	>3SF OR LF
<input checked="" type="checkbox"/>	>160 SF OR
<input checked="" type="checkbox"/>	Renovation
<input checked="" type="checkbox"/>	Full Containment with Negative Pressure
<input checked="" type="checkbox"/>	Mini-Encl.
<input checked="" type="checkbox"/>	Glovebag Procedure
<input type="checkbox"/>	Non-Friable Procedure

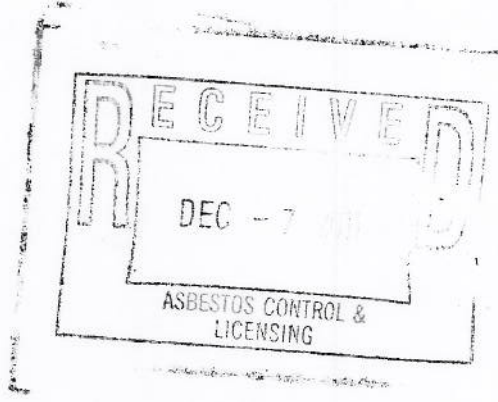
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			

Name of Registered Waste Hauler
 NJDEP Waste

Cubic Yards of Waste

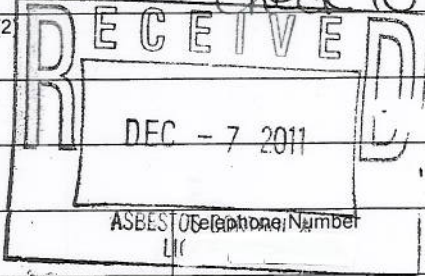
Name of Registered Landfill

ORT, LLC	Hauler ID No. 26981	1	GROWS LANDFILL
NEW JERSEY		Disposal Date 6/22/11-05/15/2012	City, State MORRISVILLE, PA
ed by (Print or Type) MIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	Date 6/8/11



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

check 10961



Date of Notification (1) 12-2-11		Name of Building Owner/Operator (2) Mark Bruno	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 62 North Monroe Street	
		City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact Mark Bruno	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 62 North Monroe Street		Square Feet 2000	# of Floors 2
City (5) Ridgewood		Bldg. Age 50	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-583-8500	License No. 703

Start Date (10) 12-12-11	Scheduled Completion Date (11) 12-26-11	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> WRAP & CUT
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	90 LF	x			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill
City, State Newark NJ	Disposal Date TBD	City, State Newburgh PA	
Completed by Andrew Scott Higgins	Title President	Signature 	Date 12-2-11