

CK# 23716

RECEIVED

2012 DEC 28 PM 2:58

QUESTIONS CONTROL  
NUMBER & LICENSING

<b>Date of Notification (1)</b> 12 / 27 / 12		<b>Name of Building Owner/Operator (2)</b> HESS CORPORATION	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 1 HESS PLAZA  <b>City, State, Zip Code</b> WOODBRIDGE, NEW JERSEY 07095	
<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N		<b>Name of Contact</b> DAVID CERULO  <b>Telephone Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b>  HESS PLAZA		<b>Type of Facility (4)</b> <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.)	
<b>Street Address</b> 1 HESS PLAZA		<b>Square Feet</b> 187,000	<b># of Floors</b> 13
<b>City (5)</b> WOODBRIDGE		<b>County (6)</b> MIDDLESEX	
<b>County Code (7)</b> (STATE USE ONLY)		<b>Current Use (Prior if being demolished)</b> COMMERCIAL OFFICE	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> HILLMANN ENVIRONMENTAL		<b>ASCM No.</b> 17	
<b>Street Address</b> 1600 ROUTE 22		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> UNION, NEW JERSEY 07083		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> MIKE NEHLSEN		<b>Telephone Number</b> 908-377-5644	<b>Telephone Number</b> 845-369-7500
<b>Expected State Date (10)</b> 1 / 12 / 13		<b>Sched. Completion Date (11)</b> 12 / 30 / 13	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Saturday, 1/12/13 7am-3:30 pm Monday - Friday 6pm - 2:30 am		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Scope of Work (Check all that apply)</b> <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 type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>	<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A	<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>
<b>Abatement Type</b>			
			REMOVAL REPAIR ENCAPSUL ENCLOSUR
4th FLOOR -ENTIRE	X	VAT & MASTIC	8,005 SF
4th FLOOR -ENTIRE	X	TAR	25 SF
4th FLOOR -ENTIRE	X	PIPE INSULATION	75 LF
4th FLOOR -ENTIRE	X	JOINT COMPOUND	12,180 SF
4th FLOOR -ENTIRE	X	COVE BASE MASTIC	495 SF
5TH FLOOR -ENTIRE	X	VAT & MASTIC	8,005 SF
5TH FLOOR -ENTIRE	X	TAR	25 SF
5TH FLOOR -ENTIRE	X	PIPE INSULATION	75 LF
5TH FLOOR -ENTIRE	X	JOINT COMPOUND	12,180 SF
5TH FLOOR -ENTIRE	X	COVE BASE MASTIC	495 SF
6TH FLOOR -ENTIRE	X	VAT & MASTIC	8,005 SF
6TH FLOOR -ENTIRE	X	TAR	25 SF
6TH FLOOR -ENTIRE	X	PIPE INSULATION	75 LF
6TH FLOOR -ENTIRE	X	JOINT COMPOUND	12,180 SF
6TH FLOOR -ENTIRE	X	COVE BASE MASTIC	495 SF
<b>Name of Registered Waste Hauler</b> DJM TRANSPORT, LLC		<b>NJDEP Waste Hauler ID No.</b> 26981	<b>Cubic Yards of Waste</b> 200
<b>City, State</b> KEARNEY, NEW JERSEY		<b>Name of Registered Landfill</b> GROVES LANDFILL	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Disposal Date</b> 1/15/13-12/30/13	<b>City, State</b> MORRISVILLE, PA
<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b>	<b>Date</b> 12/23/12



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

*No check*

Date of Notification (1) <b>12/26/12</b>		Name of Building Owner/Operator (2) <b>Howell Block 114 Development, LLC</b>							
Agencies Notified	Type Notification	Street Address <b>3 Center Drive</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Monroe Twp, NJ 08831</b>							
		Name of Contact <b>Jaime Lopez</b>	Telephone Number <b>732-222-8372</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Timex Building</b>		Type of Facility (4)							
Street Address <b>Route 9, South @ Hulse RD</b>		<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.)							
City (5) <b>Howell Twp.</b>	Square Feet <b>75,000</b>	# of Floors <b>1</b>	Bldg. Age <b>75</b>						
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Warehouse</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address <b>Finishing Touch Asbestos Abatement Corporation</b>							
City, State, Zip Code		City, State, Zip Code <b>P.O. Box 400 Oceanport, NJ 07757</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-222-8372</b>	License No. <b>00040</b>						
Start Date (10) <b>Dec 10, 2012</b>	Scheduled Completion Date (11) <b>Dec 31, 2012</b>	Name of OSHA Monitor <b>N/A</b>							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <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) <b>TO BE ABATED</b> 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
<b>Roof &amp; Degrns</b>			<b>X</b>	<b>Roofing, Flashing &amp; Degrns</b>	<b>50,000 sf X</b>				
Name of Registered Waste Hauler <b>Woolston Company</b>		NJDEP Waste Hauler ID No. <b>07516</b>	Cubic Yards of Waste <b>800</b>	Name of Registered Landfill <b>G.R.O.W.S. LP</b>					
City, State <b>P.O. Box 86 Bordentown, PA</b>		Disposal Date <b>12/28/12</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Joseph P. Miller</b>		Title <b>President</b>		Signature <i>[Signature]</i>		Date <b>12/26/12</b>			



CHECK #  
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:121)

RECEIVED

Date of Notification (1) <u>12/24/12</u>		Name of Building Owner/Operator (2) <u>BOB MOORE</u>	
Agencies Notified <u>DEP</u> <u>DOH</u> <u>DOA</u> <u>DOH</u> <u>DOA</u>	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>230 HAVEN ROAD</u>	
		City, State, Zip Code <u>BRIGANTINE, N.J. 08023</u>	
		Name of Contact <u>NAME</u>	Telephone Number <u>1</u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Address <u>219 S. ROOSEVELT BLVD.</u>		Square Feet <u>1000</u>	Block Age <u>40</u>
City, State, Zip Code <u>BRIGANTINE</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
County <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (8) <u>KLEIN INC.</u>	
Name of Monitoring Firm Hired by Building Owner <u>NA</u>		Street Address <u>369 S. SPRING AVE</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. <u>856-774-0422</u>		License No. <u>101141</u>	
Name of OSHA Monitor <u>JOSEPH KLEIN</u>		Street Address <u>369 S. SPRING AVE</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	


Date of Abatement <u>1/7/13</u>		Scheduled Completion Date (11) <u>1/13/13</u>	
Abatement 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 Facility Hours <input type="checkbox"/> Other Describe			
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location of Asbestos-Containing Material (ACM) TO BE ABATED <u>SLIDING</u>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or LF) <u>1500</u>
		<u>TRANSITE</u>	<u>X</u>

Name of Waste Handler <u>KLEIN INC.</u>		NJOEP Waste Manifest No. <u>17901</u>	Cubic Yards of Waste <u>ACUA</u>	Name of Responsible Party <u>ACUA</u>
City, State, Zip Code <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>BRIGANTINE, N.J.</u>	Signature <u>JOSEPH KLEIN</u>
Title <u>V/P</u>		Date <u>12/24/12</u>		

\* Do not use this form for asbestos licensure exempted activities




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

Date of Notification (1) 12/26/12		Name of Building Owner/Operator (2) Mike Clifford / Residence							
Agencies Notified	Type Notification	Street Address 200 Bayview Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Strathmere NJ 08248							
		Name of Contact Mike	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mike Clifford / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Bayview Drive		Square Feet 1000+	# of Floors 2						
City (5) Strathmere NJ 08248		Bldg. Age 35+							
County (6) Capmay	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 1/7/13	Scheduled Completion Date (11) 1/11/13	Name of OSHA Monitor Same							
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 Facility Hours <input 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"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Eim NJ		Disposal Date 1/11/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/26/12		

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

DEC 29 11:58 AM

Date of Notification (1) 12/26/12		Name of Building Owner/Operator (2) Mike Clifford / Residence							
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 204 Bayview Drive		City, State, Zip Code Strathmere NJ 08248							
Name of Contact Mike		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mike Clifford / Residence		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 204 Bayview Drive		Square Feet 1000+							
City (5) Strathmere NJ 08248		# of Floors 2							
County (6) Capmay		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800							
Start Date (10) 1/7/13		License No. 00727							
Scheduled Completion Date (11) 1/11/13		Name of OSHA Monitor Same							
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 Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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
Exterior Siding			x	Exterior Siding	2400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 1/11/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/26/12			