State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) CK#23716

Date of Notification (1)						Name of Building Owner/Operator (2) HESS CORPORATION													
12 / 27 /12																			
Agencies Notified  EPA  DEP  X  DOL  Type Notification  Initial Notification  Amended Notification  Cancellation						Street Address  1 HESS PLAZA  City, State, Zip Code  WOODBRIDGE, NEW JERSEY 07095  Name of Contact  Telephone Number													
																	DCA EMERGENCY N		
Name of Facility Where Abatemen	nt is Takir	ng Pi	lace (3)	)	FACI	LITY	NFORMA	TION Type of Facilit	ty (4)										
HESS PLAZA				School (F	ter 8 (Other th	than K-12) ommol. bldgs., homes, etc.)													
Street Address								Square Feet			gs., no		dg. Ag	ge					
1 HESS PLAZA  City (5)   County (6)   (								187,000	13 42										
WOODBRIDGE MIDDLESEX (S							de (7) EONLY)	COMMERCIAL		emolished)									
Name of Monitoring Firm Hired b	y Building	g Ow	ner (8)			A	SCM No.	Name of Abate											
Street Address							17	PAR ENVIRON Street Address		RPORAT	ION								
1600 ROUTE 22	33							313 SPOOK R	OCK ROAD										
City, State, Zip Code	N, NEW J	IFRS	EY 070	183				City, State, Zip SUFFERN, NE		01									
Project Manager for Monitoring Firm	1				Number			Telephone Nur		icense N	lumbe	r							
MIKE NEHLSEN			908-3	77-56	i44			845-369-7500	4	160									
Expected State Date (10) 1 / 12 / /1	13	Sche	ed. Cor 12 /		ion Date (		/13	Name of OSHA											
Month Day Year	r I	Mo	onth		Day		Year	QUALITYENV	IKONWENTAL										
Occupancy Status During Abatement	nt (Check	only	one)	of Abr	ntomont			Street Address	110/										
Abatement Performed C	utside of I	Norm	nal Faci	lity H	ours - Des	cribe:		1376 ROUTE 9	vv										
X Other - Describe: S	aturday, 1	/12/1	3 7am-	3:30	pm	City, State, Zip Code						EDO FALLO ANY 40500							
Scope of Work (Check all that apply	londay - Fi	nday	opm	2:30 (	am	WAPPINGERS FALLS, NY 12590  X Full Containment with Negative Pressure							30						
Demolition		Reno	ovation			Mini-Enclo:,													
>3SF OR LF X >160 SF OR	192					-		Procedure ole Procedure		10									
Location of .		Is	Locatio	n		Descri	ption of A		1			Abate	ment	Туре					
Asbestos-containing			mally us			ontair	ning Mater	ial (ACM)	沼	722			1						
Material (ACM) TO BE ABATED			olely by it/Custo			7.8 cm 1/4	Thermal s				REPAIR	CA	5						
in Facility (13)	- 1		taff (12				on, surfac er miscell		REMOVAL	R	ENCAPSUL	ENCLOSUR							
4th FLOOR -ENTIRE		Yes	-	V/A	/AT 0 540	OTIO			8,005 SF			F	70						
4th FLOOR -ENTIRE			X	_	VAT & MA	SHC			X X		-	-							
4th FLOOR -ENTIRE			×		PIPE INSU	LATIC	ON		25 SF 75 LF	X		1	$\vdash$						
4th FLOOR -ENTIRE			x	-	JOINT CO				12,180 SF										
4th FLOOR -ENTIRE			X	4	COVE BAS	SE MA	STIC		495 SF	X	-	-	-						
5TH FLOOR -ENTIRE			)		VAT & MA	STIC		<del>"</del>	8,005 SF	X	+	-	+						
5TH FLOOR -ENTIRE			)		TAR				25 SF 75 LF	X									
5TH FLOOR -ENTIRE 5TH FLOOR -ENTIRE					PIPE INSU				X			_							
5TH FLOOR -ENTIRE			X		JOINT CO				12,180 SF 495 SF	X	-	_	$\vdash$						
		2.0							100 01	-			$\vdash$						
6TH FLOOR-ENTIRE 6TH FLOOR-ENTIRE			X	_	VAT & MA	STIC			Х										
6TH FLOOR-ENTIRE			X		TAR PIPE INSU	II ATIC	ON		25 SF 75 LF	X	-	_	-						
6TH FLOOR-ENTIRE			X	-	JOINT CO				12,180 SF	X	$\vdash$	_	$\vdash$						
6TH FLOOR-ENTIRE			X	( (	COVE BAS	SE MA	STIC		495 SF	Х									
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PART CONTRACTOR OF THE CONTRAC			$\vdash$	-					-		-		_						
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Name of Pagistared Wasts U. 1		1155	DVS	$\Box$	2.11.37			161			<u> </u>								
Name of Registered Waste Hauler DJM TRANSPORT, LLC			P Was		Cubic Yard	200	vaste	Name of Regist											
			26981			200 GROVIS LANDFILL													
City, State KEARNEY, NEW JERSEY	-0.000				Disposal D			City, State	DA				MENTER						
Completed by (Print or Type)	Title				1/15/13-12/		ture	MOSSISVILLE,		ate	1-	1	_	1/2					
BENJAMIN SANCHEZ		TOF	OF O	PERA	ATIONS		11	10		785T	12	12	17	112					



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

	ν.	a. Jaa,,,	10 110/10 0:00 4:11		·,	PER			o me-o		541-500			
Date of Notification (1)		Name of Building Owner/Operator (2) HOWELL Block IN DEVELORMENT LLC												
Agencies Notified Type Notification		Street A	ddress		2012	DEC 2	8 PM	2: 58	)		•			
EPA Initial Amended			te, Zip Code		d	****						$\dashv$		
DOL Amendment #		W	DONIZOR	577	7. 7	27.1	0.88	Ball						
Emergency (in justification)	cluding	Name of Contact . Telephone Number												
DCA Cancellation	\$ Z.					d medicon								
		••				i								
Name of Facility Where Abatement is Taking	Type of Facility (4)													
Former Timex	School (K-12) Supply anter 8 (Other than K-12)													
Street Address Route a South	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)													
City (5)		Square Feet # of Floors Bldg. Age												
gut Howeld					J5.	000	j		-	75	•			
County (6)			Code (7)		4.0	20	if being de							
Mounouth		(STATE	JSE ONLY)		10	<b>HRCI</b>	32NON							
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	No.	Name	of Abatem	ent Cont	ractor (9)	**						
					Finishing Touch Asbestos									
Street Address				Street	Abatement Corporation									
City, State, Zip Code				City, State, Zip Code										
			Oceanport, NJ 07757											
Project Manager for Monitoring Firm	Telepho	ne No.	Telephone No.											
	Scheduled Co		Date (11)	830.0000000	me of OSHA Monitor									
Dec 10, 2012	31	2012		MA										
Occupancy Status During Abatement (Check	Only One)		, ,	Street	Address									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:				City, State, Zip Code										
Scope of Work (Check All That Apply)				L	****					_				
	П.			Г	٦									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov				Full Containment with Negative Pressure Mini-Enclosure									
L				Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		I		Non-E	xemptea	(*) and No	n-Friable		ALCO VINCE					
	Is Loca Norma	170.0		A1000				Abatement Type						
Location of Asbestos-Containing Material (ACM)	Used So	lely by	De Asbestos Con	scription taining N		CM)	Amou	nt						
TO BE ABATED	Mainten Custodial		(i.e. therma	system	s insulatio		(Speci	fy	Re	ZD.	Encapsulate	Enc		
In Facility (13)	(12			cing, VA		1	SF or L	.F)	Remova	Repair	psu	Enclosure		
()	Yes No	N/A			•				a	7	ate	6		
2001 & DEBNIS		X	Rooting	Ale	e nets	100	RIC	-100						
11001 0 001117				14.4			50,00	a o a	X			$\neg$		
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		-									_	-		
		V.1055		V I				250						
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  75/6 800  Name of Registered Landfill  G.RO.W.S. L									ì	0				
Woolston Comp	had	07	216 8	00		ity, State		71, 7		<u></u>	7.			
608 8 POLOSING	n , p	r	12	sal Date	112	NO ON	viin	ille,	8	γx				
Completed by	litle		+ 6	ignatur										
Joseph P. Miller	134	67/20	1013	S.	min	500	this	1	2/	7	3/1	2		

## State of New Jersey HOTHCATION OF ASBESTOS ABATEMENT

		(Pursuant to NJAC 8	60 and 12:129)		MECA	711								
Tare or Surfication (1)			Name of Building Owner/Operator (7) 2812.050											
Agencies Noulieo  Agencies Noulieo  Agencies Noulieo  Agencies Noulieo  Agencies Noulieo	Type Notification	Cay State, Lip Co												
三 xx 图 202 图 202	Carcelaton	luoing .	Name of Contact S AM E Telephone: Number 12											
	<del></del>	FACILITY INFO	RHATION	of Facility (4										
N.E.S	e Abaiement is Taking  () Ear C. E	Place (3) ELT. BLVD.		chool (K-12) ubchapier 8 ( ener (i.e., pny omes, etc.)	Other than X-17; are & constructs	1 pulaing i								
219	5, 12, 500		1	1000	2017/00/1	40 T								
( . / <u>)</u>	MIGARTINE	County Code (7 USE ONLY)		VA	I I being demols	neo;								
ATLAN TILAN	IN THE O DY BUILDING O	Miner ASCM No	Hame of Abaiemeni Co	In:		<del></del>								
1 . A Appress	14/			S. Spacie Non										
. Sinte Z.p C∞e			Cay. State. Up Code	SHADE		5:12								
P NC Manager to 1	Moniary Firm	Telephone No	1 Nephone No. 856.774 -	0422.	COO 1	-/ -/								
· ir Oxigino p	Sche	dued Completion Date (11)	Hame of OSHA Mona	« Kiër	100									
1/7/13	- an Abalemen IChe	ack only only)	Sucer Address 3695.	5000	-= A v =									
Z 13:45 Closedy	swed Uniside of Howard	\$1100 Ot 1 00	Cay State, Lo Cone	5,1.A DE	N: 5. 1.	<u> </u>								
Comer Describe	LCF YII (LSI SIXNA)	Renovation	MM. Enclos	016	on Francisco	dure								
10 GE	ation of ining Material (ACM) - ABATED FECTION	is Location Normally Lised Solety by	Description of sessions Containing Material systems in surfacing, YAT, or ogner muscellaneous	al (ACM) Justion,	Amoun' iSpecif. SF or LF;	Henry								
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21, 2														
	no Wasie Hauler	ON O WINEY	Cubic Yards of Waste.	Name of F	Registered Cares									
Kin	· · Inc.	17904	DADE DIE	Ciry \$1010	DAY WAA									
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<u> </u>	<u>111.323</u>	· Do not use this torin for a	spesios licensure exen	npied_#clivili	es	*								



## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(		t to NJA				e.k	\$48						
Date of Notification (1) 12/26/12	Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2) Mike Clifford / Residence														
Agencies Notified Type Notificatio		200 Bayview Drive													
DEP Amended Amendmen	nt #		Strathmere NJ 08248												
DOH justification Cancellation	1)	g	Name o Mike	of Contac	t			- 1	Télephon	e Num	ber				
Name of Facility Where Abatement is Tak Mike Clifford / Residence	ng Place	(3)	FAC	ILITY IN	FORMAT	ION	Туре	e of Facility		-					
Street Address 200 Bayview Drive	1/						B	School (K- Subchapte Other (i.e. etc.)	12) r 8 (Other thar private & comr	n K-12 mercia	) ıl bui	ldings	, hon	nes,	
City (5) Strathmere NJ 08248					are Feet	# of Floors	s	Bldg. Age 35+							
County (6) Capmay			County (STATE	Code (7) USE ONL	א		Curr	ent Use (Pri	ior if being den	nolish	1755				
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASC	M No.	ntractor (9)										
Street Address							t Addre								
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091												
Project Manager for Monitoring Firm		Telepho	ne No.		Telep	elephone No. License No. 00727									
Start Date (10) 1/7/13	mpletion	Date (11)	,	Name	of OS	f OSHA Monitor									
Occupancy Status During Abatement (Che	Same Street Address														
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Abater y Hour	ment rs City, State, Zip Code													
Scope of Work (Check All That Apply)	***********	-								0000	- 50-0				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renova Demoli			M N	>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Locat	ion	1988		Abate							ement		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole intena todial s (12)	lly ely by nce/	Description Asbestos Containing N			Material s insula T, or	I (ACM) ation,	Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure	
	Yes	No	N/A								=		ate	6	
Exterior Siding			х		Exte	rior Sid	ding		1800 SF		x				
										+					
Name of Registered Waste Hauler															
United Containers		Н	NJDEP Waste Cubic of Wa 22459 3			ste			of Registered Landfill  O.W.S.						
City, State Eim NJ	1					sal Date City, State  Morrisville PA 19067									
Completed by Anthony T Perna	dent			Si	gnature	_			Date		2				

12/26/12



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

Date of Notification (1)				Name of Building Owner/Operator (2)												
12/26/12				Mike Clifford / Residence 2012 DEC 28 PM 2: 58												
Agencies Notified	Type Notification  Initial		Street Ac 204 Ba	ddress tyview D	Prive											
EPA DEP	Initial Amended			te, Zip Co			& LICENSING									
× DOL	Amendment		-	Strathmere NJ 08248					& LICENSING							
DOH	Emergency (	including		Name of Mike	Contact	Tel	Telephone Number									
East East East East East East East East																
Name of Facility Where	Abatement is Takin	Place (3)		FACILITY INFORMATION  Type of Facility (4)											-	
Mike Clifford / Resident							25									
Street Address					-			School (K-12) Subchapter 8 (Other than K-12)								
204 Bayview Drive						Other (i.e. private & commercial buildings, homes, etc.)										
City (5)								Square Feet # of Floors Bldg. Age								
Strathmere NJ 082	48 							1000+ 2 35+								
County (6) Capmay				County Code (7) (STATE USE ONLY)					nt Use (Prior dence	if bei	ng demoli	ished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	tement Contr	actor	(9)					
N/A							00 105/5020	aco Ir	0.770							
Street Address									ddress ox 329							
City, State, Zip Code							City, S	State, Zip Code								
						0.000	est Berlin NJ 08091									
Project Manager for Monitoring Firm									Felephone No. License No. 00727							
Start Date (10) Scheduled Co					Date (11)	h ville - makes	me of OSHA Monitor									
Occupancy Status During Abatement (Check Only One)							et Address									
						Sueet	54.7 Mail 1999									
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:													J/11(25-25)			
Scope of Work (Check A	II That Apply)			21							Market Control					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		vation olition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
						Noi	a Non-Fri	able Pr	Abatement							
	llero <b>-</b>		ocati rmal			_				Type						
Location Asbestos-Containing		Used	Sole	ly by	Asbes		Description of ontaining Material (ACM)			Α	mount			m	Π	
TO BE AB	ATED	Main		10000700		thermal	system	s insula			Specify	Rer	1 20	nca	Enc	
In Faci (13)			(12)			other n	cing, VA	neous)		اد	or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								1 2	'	ate	ē	
Exterior S	Siding			x		Exte	rior Si	ding		24	00 SF	×	T	1		
		1 1											T	$\top$	$\vdash$	
							*							1		
Name of Registered Wa	ste Hauler			JDEP Wallauler ID		Cubic of Was			Name of R	0.020.0010	ered Land	lfill				
United Containers		11		2459		3	G.R.O			.R.O.W.S.						
City, State						Dispos	sal Date	Date City, State Morrisville PA 19067								
Completed by		Title					Signature, Date					-				
Anthony T Perna	ent				C-					12/26/12						