

D&S Proj. #: MS 12-12

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



Date of Notification (1) 01/04/12		Name of Building Owner/Operator (2) RENEE RUSSAW	
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 1208 W. 3RD STREET	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code PLAINFIELD, NJ	
		Name of Contact RENEE RUSSAW	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) RENEE RUSSAW			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1208 W. 3RD STREET			Square Feet # of Floors Bldg. Age		
City (5) PLAINFIELD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 01/05/12		Sched. Completion Date (11) 01/12/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility deactivated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ 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)	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						
BASEMENT		X		PIPE INSULATION	19 LFT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/06/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/04/12

ASB-41

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



Date of Notification (1) 01/10/12		Name of Building Owner/Operator (2) RENEE RUSSAW	
Agencies Notified	Type Notification	Street Address 1208 W. 3RD STREET	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code PLAINFIELD, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact RENEE RUSSAW	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) RENEE RUSSAW			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1208 W. 3RD STREET			Square Feet		
City (5) PLAINFIELD			County (6) UNION	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 01/05/12		Sched. Completion Date (11) 01/12/12	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition				

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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	79 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/06/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/04/12



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>01 / 06 / 12</b>		Name of Building Owner/Operator (2) <b>Housing Authority of the City of Paterson</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>60 Van Houten Street.</b>							
		City, State, Zip Code <b>Paterson, NJ 07509</b>							
		Name of Contact <b>Irma Gorham</b>	Telephone Number: _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building No. 4</b>		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 <b>NJ21-1 Riverside Terrace Development</b>		Square Feet <b>5000</b>	# of Floors <b>2 Floors</b>						
City (5) <b>Paterson</b>		Bldg. Age <b>1970</b>							
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering &amp; Environmental Serv</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>SMAC Corp.</b>						
Street Address <b>River Drive Center 1, 4th Floor</b>		Street Address <b>27 EAST 33<sup>RD</sup> STREET</b>							
City, State, Zip Code <b>Elmwood Park</b>		City, State, Zip Code <b>PATERSON NJ 07514</b>							
Project Manager for Monitoring Firm <b>Vijay B. Patel</b>	Telephone No. <b>201-794-6900</b>	Telephone No. <b>973-345-4055</b>	License No. <b>01110</b>						
Start Date (10) <b>01 / 16 / 12</b>	Scheduled Completion Date (11) <b>01 / 21 / 12</b>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>							
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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>1056 SHELTON AVE</b>							
		City, State, Zip Code <b>PISCATAWAY NJ 08854</b>							
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 checked="" 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
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tiles - Mastic 9inx9in</b>	<b>90 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Thourghout - 5 Apartments</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Gray Duct Insulation</b>	<b>700 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Basement - Crawl Space</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>90 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>
Name of Registered Waste Hauler <b>SMAC Corp</b>		NJDEP Waste Hauler ID No. <b>18590</b>	Cubic Yards of Waste <b>10 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>27 E 33rd Street, Paterson, NJ - 07514</b>			Disposal Date <b>01/21/2012</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Borce Gjorsoski</b>		Title <b>President</b>	Signature <i>Borce Gjorsoski</i>			Date <b>1/06/2012</b>			



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

Check # 8091

Date of Notification (1) <b>1-9-12</b>		Name of Building Owner/Operator (2) <b>Clementon Park + Splash World</b>							
Agencies Notified	Type Notification	Street Address <b>144 Berlin Road</b>							
<input 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 <b>Clementon NJ 08021</b>							
		Name of Contact <b>Dan Jan Kouits</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Clementon Park + Splash World</b>		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 <b>144 Berlin Road</b>		Square Feet	# of Floors <b>1</b>						
City (5) <b>Clementon NJ 08021</b>		Bldg Age <b>60+</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Game Bldg.</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies Inc</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>1-19-12</b>	Scheduled Completion Date (11) <b>1-27-12</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
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 <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" 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) <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
<b>3 Game Building</b>		<b>X</b>		<b>Floor Tiles 9"x9"</b>	<b>500 SF X</b>				
Name of Registered Waste Hauler <b>EPC Technologies Inc</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>1-27-12</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>1-9-12</b>			



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

CH-3306

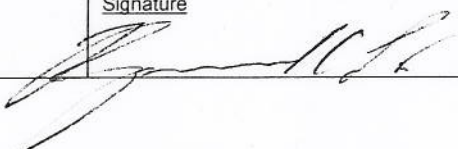
Date of Notification (1) <b>1-9-2012</b>		Name of Building Owner/Operator (2) <b>L. CAPPADONA</b>							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>128 PALSA AVENUE</b>							
		City, State, Zip Code <b>ELMWOOD PARK, NJ 07407</b>							
		Name of Contact <b>L. CAPPADONA</b>							
		Telephone Number <b>ASBESTOS</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>L. CAPPADONA</b>		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 <b>128 PALSA AVENUE</b>		Square Feet	# of Floors						
City (5) <b>ELMWOOD PARK</b>		Bldg. Age							
County (6) <b>BERGEN</b>	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) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>1-18-2012</b>	Scheduled Completion Date (11) <b>1-19-2012</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>							
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: <b>8 AM - 5 PM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" 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) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL INSULATION</b>	Amount (Specify SF or LF) <b>52 LF</b>	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
			X			X			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>1 1/2 cu yd.</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>South Kearny N.J. 07032</b>		Disposal Date <b>1-19-2012</b>		City, State <b>Newburgh PA, 17242</b>					
Completed by <b>R. VELDRAN</b>		Title <b>Estimator</b>	Signature <b>R. Veldran</b>			Date <b>1-9-2012</b>			



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #

Date of Notification (1) <b>January 9, 2012</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>BLUMENTHAL HALL, BLDG# 7493</b>			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 <b>NEWARK CAMPUS</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>		
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>			
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>			
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>	
Scheduled Start Date (10) <b>01/20/12</b>		Scheduled Completion Date (11) <b>01/23/12</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
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: <b>5 PM FRI TO MON 5 AM (24 HR ACCESS AS NECESSARY)</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
208 SUITE	<input checked="" type="checkbox"/>	VAT	840 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			Disposal Date <b>01/23/2012</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>January 9, 2012</b>		

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



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

APPROVED  
NJ Dept. of Health & Senior Services  
*Paul C. Pomeroy*  
(signature)  
Date: 1/6/12 Time: 11:54 AM

Date of Notification (1) 1/6/12		Name of Building Owner/Operator (2) PARK TERRACE APTS	
Agencies Notified	Type Notification	Street Address 118 TERRACE AVE	
<input 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 Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HASBROUCK HAZARD 07604	
		Name of Contact RICH S	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PARK TERRACE APTS		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 118 TERRACE AVE		Square Feet 12000	
City (5) HASBROUCK HAZARD		# of Floors 5	
County (6) BERGEN		Bldg. Age 54	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) APTS	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452	
Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 1/6/12		License No. 00156	
Scheduled Completion Date (11) 1/7/12		Name of OSHA Monitor Omega Environmental Services Inc.	
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 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Hackensack, NJ 07606	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) to be Abated In Facility (13) CRAWLS SPACE	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE	Amount (Specify SF or LF) 146 LF
			Abatement Type Removal Repair Encapsulate Enclosure X
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
City, State Riverdale, New Jersey 07457		Disposal Date 1/6/12	City, State Bethlehem, PA 18015
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i> Date 1/6/12



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

#78429

Date of Notification (1) January 6th, 2012		Name of Building Owner/Operator (2) St. Peter's College		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  JAN 11 2012 </div>					
Agencies Notified		Type Notification				Street Address 2641 Kennedy Blvd.			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Jersey City, NJ			
						Name of Contact Mr. Chris Bastardi			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pope Hall of St. Peter's College				Type of Facility (4)					
Street Address 115 Glenwood Ave.				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Jersey City				Square Feet 15,000	# of Floors 3				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Bldg. Age 50					
Name of Monitoring Firm Hired by Building Owner (8) Health & safety Service			ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.					
Street Address 318 Twelfth Street			Street Address 164 Getty Ave.						
City, State, Zip Code Hammonton, NJ 08037			City, State, Zip Code Clifton, New Jersey 07011-1802						
Project Manager for Monitoring Firm Mr. James Proctor		Telephone No. 609-704-8850		Telephone No. 973-478-4848	License No. 00724				
Start Date (10) October 24th, 2011		Scheduled Completion Date (11) January 31st, 2012		Name of OSHA Monitor Slavco Construction Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 164 Getty Ave.					
<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: <u>7:00AM-3:30PM</u>				City, State, Zip Code Clifton, New Jersey 07011-1802					
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Boiler Room			x	Breeching Insulation	300SF	x			
Boiler Room			x	Mud Fitting on Pipe	24LF	x			
Boiler Room			x	Boiler Insulation	200SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Clifton, New Jersey 07011-1802				Disposal Date TBD	City, State Morrisville, Pa. 19067				
Completed by Vivian D. Jurcevic			Title Admin. Assistance		Signature <i>Vivian D. Jurcevic</i>			Date 1/6/12	



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

Date of Notification (1) October 21st, 2011		Name of Building Owner/Operator (2) St. Peter's College							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	2641 Kennedy Blvd.							
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	Amendment # 4	Jersey City, New Jersey							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number						
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Mr. Chris Bastardi							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pope Hall of St. Peter's College		Type of Facility (4)							
Street Address 115 Glenwood Ave.		<input type="checkbox"/> School (K-12)							
City (5) Jersey City, New Jersey		<input type="checkbox"/> Subchapter 8 (Other than K-12)							
County (6) Hudson		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County Code (7) (STATE USE ONLY)		Square Feet 15,000	# of Floors 3						
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES		Bldg. Age 50+							
ASCM No. 117		Current Use (Prior if being demolished)							
Street Address 318 TWELFTH STREET		Name of Abatement Contractor (9) Slavco Construction Inc.							
City, State, Zip Code HAMMONTON, NEW JERSEY 08037		Street Address 164 Getty Ave.							
Project Manager for Monitoring Firm Mr. JAMES PROCTOR		City, State, Zip Code Clifton, New Jersey 07011-1802							
Telephone No. 609-704-8850		Telephone No. 973-478-4848	License No. 00724						
Start Date (10) November 1st, 2011	Scheduled Completion Date (11) December 31st, 2011	Name of OSHA Monitor Slavco Construction Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 164 Getty Ave.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Clifton, New Jersey 07011-1802							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input checked="" type="checkbox"/> Other - Describe: Isolated Basement Work Area-Mon-Fri- 7:00AM-6:59AM A									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf									
<input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation									
<input type="checkbox"/> Demolition									
<input checked="" 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 Boiler #1	X			Breeching Connection & Pipe	48SF & 28 LF	x			
Basement Boiler #2	X			Breeching Connection & Pipe	48SF & 28LF	x			
Basement Boiler #3	X			Breeching Connection & Pipe	30SF & 30LF	x			
Basement Boiler # 4	X			Breeching Connection & Pipe	30 SF & 30 LF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa. 19067					
Completed by Vivian D. Jurcevic		Title Admin. Assistance	Signature <i>Chuan D. Jurcevic</i>			Date 10/21/11			



B &amp; G proj. #: 2012-11

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

Check # 5005

Date of Notification (1) 01/10/12		Name of Building Owner/Operator (2) Michelle Campbell	
Agencies Notified	Type Notification	Street Address 14 Albert Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Michelle Campbell	
<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) Michelle Campbell			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 14 Albert Avenue			Square Feet # of Floors Bldg. Age		
City (5) Fair Lawn, NJ 07410	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 1/17/2012		Sched. Completion Date (11) 1/18/2012	Name of OSHA Monitor B & G Restoration, Inc.		
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- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☒ 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						
boiler room			<input checked="" type="checkbox"/>	pipe insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	VAT/Mastic	12 sqft	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 1/18/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 1/6/2012



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

B & G proj. #: 2012-09

Check # 5004

Date of Notification (1) 01/10/12		Name of Building Owner/Operator (2) Estate of Teresa Mesler	
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 <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 13 Kenmuir Avenue		City, State, Zip Code Morristown, NJ 07960	
Name of Contact Jennifer Beyrent		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Teresa Mesler			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 13 Kenmuir Avenue			Square Feet		Bldg. Age
City (5) Morristown, NJ 07960	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 1/16/2012		Sched. Completion Date (11) 1/16/2012	Name of OSHA Monitor B & G Restoration, Inc.		
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- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	80 lf	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 1/17/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 1/5/2012



B &amp; G proj. #: 2012-07

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

Check # 5003

Date of Notification (1)

01/10/12

Name of Building Owner/Operator (2)

Harry McBride

Street Address

195 Franklin Avenue

City, State, Zip Code

Maplewood, NJ 07040

Name of Contact

Harry McBride

Telephone Number

Agencies Notified

Type Notification

☐ EPA☒ Initial☐ DEP☐ Amendment☒ DOL☒ DOH☐ DCA☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Harry McBride

Street Address

195 Franklin Avenue

City (5)

County (6)

Maplewood, NJ 07040

Essex

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

n/a

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

1/16/2012

Sched. Completion Date (11)

1/16/2012

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
em	ep	nc	nc
ove	air	ap	cl
<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"/>

ement

pipe insulation

115 lf

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
2 yards

Name of Registered Landfill

Tullytown Resource &amp; Recovery Center

State  
Lincoln Park, NJ 07035Disposal Date  
1/17/12City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Treasurer

Signature

Gordana Luna

Date  
1/5/2012




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

Date of Notification (1) 1/3/2012		Name of Building Owner/Operator (2) THE AUGUSTINIAN RECOLLECTS INC.							
Agencies Notified	Type Notification	Street Address 743 WATER STREET							
<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 BELVIDERE, NJ 07823							
		Name of Contact ALEX RESTAINO							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) THE AUGUSTINIAN RECOLLECTS INC.		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 743 WATER STREET		Square Feet 10,000	# of Floors 3						
City (5) BELVIDERE		Bldg. Age 80 yrs.							
County (6) WARREN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 01/13/2012	Scheduled Completion Date (11) 1/17/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
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: VACANT		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" 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) <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
BASEMENT			X	PIPE (ENCAPSULATE ONLY)	13 LF			X	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 1/17/2012		City, State MORRISVILLE, PA					
Completed by MICHELE MLADENOVIC		Title SECRETARY		Signature <i>M. Mladenovic</i>			Date 1/3/2012		



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

Check No. No Fee

Date of Notification (1) <b>November 17, 2011</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Newark Liberty International Airport</b>							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-20.4</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Building 80, 2nd Floor</b> City, State, Zip Code <b>Newark, NJ 07114</b> Name of Contact <b>Ralph Campione</b> Telephone Number <b>ASBESTOS CONTROL &amp; LICENSING</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Terminal B, B2 Elevator Lobby Mid Level, B3 Connector Passenger Level</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>Terminal B, Newark Liberty International Airport</b>		Square Feet <b>24000</b>	# of Floors <b>2</b>						
City (5) <b>Newark</b>		Bldg. Age <b>40 +/-</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Terminal</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>						
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>							
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>							
Project Manager for Monitoring Firm <b>Ralph Campione</b>	Telephone No. <b>973-624-6898</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>						
Start Date (10) <b>December 04, 2011</b>	Scheduled Completion Date (11) <b>January 31, 2012</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>							
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 Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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) <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
Terminal B, B2 Elevator Lobby Mid Level	<input checked="" type="checkbox"/>			Fireproofing	1,800 sq ft	<input checked="" type="checkbox"/>			
Terminal B, B3 Connector Passenger Level	<input checked="" type="checkbox"/>			Fireproofing	8,400 sq ft	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>19555</b>	Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>					
City, State <b>Bronx, NY</b>		Disposal Date 12/10/2011 - 03/31/2011		City, State <b>Waynesburg, OH</b>					
Completed by <b>G. Roger Woodman</b>		Title <b>Project Manager</b>		Signature 				Date <b>1/6/2012</b>	



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

Date of Notification (1)

1 / 9 / 11

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #12  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

908-377-5644

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ 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 NEHLSEN

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)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MON. - FRI. 6 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)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR  
☒ Renovation

☐ Full Containment with Negative Pressure  
☐ Mini-Enclo.  
☒ Glovebag Procedure  
☐ 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			



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>[Signature]</i>		Date 1/9/12	





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

Date of Notification (1)

8 / 11

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

JAN 11 2012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ 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 / 22 / 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)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ 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)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR  
☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini-Enclor.  
☒ Glovebag Procedure  
☐ 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

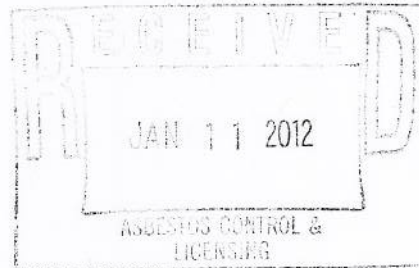
NJDEP Waste

Cubic Yards of Waste

Name of Registered Landfill

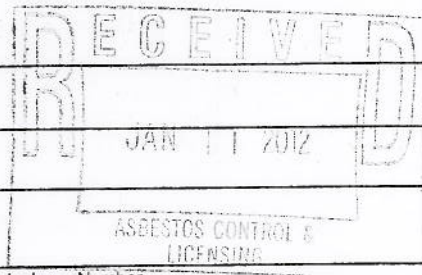


ORT, LLC	Hauler ID No. 26981	1	GROWS LANDFILL
NEW JERSEY		Disposal Date 6/22/11-05/15/2012	City, State MORRISVILLE, PA
ed by (Print or Type) MIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 6/8/11





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 WOODBIDGE, 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) 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 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)		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. 6:00 PM - 2:30 AM		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply)		<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"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Renovation	

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				



26981			
ty. 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>	6/21/11





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

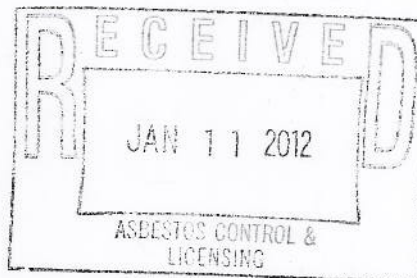
Date of Notification (1) 7 / 22 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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	
Street Address 1 HESS PLAZA		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
Name of Contact DAVID CERULO		Telephone Number TESTOS CONTROL & LICENSING	

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
City (5) WOODBIDGE		County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)
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
Expected State Date (10) 6 / 23 /11 Month Day Year		Sched. Completion Date (11) 5 / 30 /12 Month Day Year	
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		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
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		Full Containment with Negative Pressure Mini-Encl.: Glovebag Procedure 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			
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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			
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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 7/22/11
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	





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

<b>Date of Notification (1)</b> 8 / 22 /11 <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>Name of Building Owner/Operator (2)</b> HESS CORPORATION <b>Street Address</b> 1 HESS PLAZA <b>City, State, Zip Code</b> WOODBIDGE, NEW JERSEY 07095 <b>Name of Contact</b> DAVID CERULO <b>Telephone Number</b>	
<b>Type Notification</b> <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			

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b>  HESS PLAZA <b>Street Address</b> 1 HESS PLAZA <b>City (5)</b> WOODBIDGE <b>County (6)</b> MIDDLESEX <b>County Code (7)</b> (SPACE USE ONLY)		<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>Square Feet</b> 187,000 <b># of Floors</b> 13 <b>Bldg. Age</b> 42 <b>Current Use (Prior if being demolished)</b> COMMERCIAL OFFICE	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> HILLMANN ENVIRONMENTAL <b>Street Address</b> 1600 ROUTE 22 <b>City, State, Zip Code</b> UNION, NEW JERSEY 07083 <b>Project Manager for Monitoring Firm</b> MIKE NEHLSSEN <b>Telephone Number</b> 908-377-5644		<b>ASCM No.</b> 17 <b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION <b>Street Address</b> 313 SPOOK ROCK ROAD <b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901 <b>Telephone Number</b> 845-369-7500 <b>License Number</b> 460	
<b>Expected State Date (10)</b> 6 / 23 / 11 Month Day Year <b>Sched. Completion Date (11)</b> 5 / 30 / 12 Month Day Year		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Occupancy Status During Abatement (Check only one)</b> <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		<b>Street Address</b> 1376 ROUTE 9 W <b>City, State, Zip Code</b> WAPPINGERS FALLS, NY 12590	
<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"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED in Facility (13)</b>	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>[Signature]</i>	Date 8/22/11



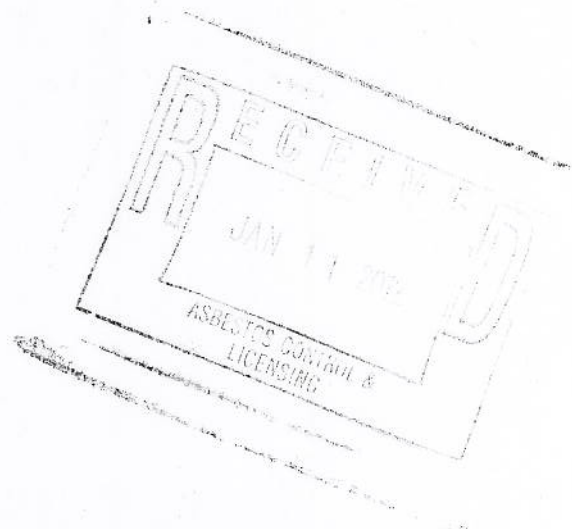


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8 / 25 /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  City, State, Zip Code WOODBIDGE, NEW JERSEY 07095  Name of Contact DAVID CERULO Telephone Number 						
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		RECEIVED JAN 11 2012 IS CONTAINED LICENSING						
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					
City (5) WOODBIDGE		County (6) MIDDLESEX	Bldg. Age 42					
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 Month Day Year		Schd. 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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			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			



Name of Registered Waste Hauler M 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>[Signature]</i>	Date 2/25/11





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

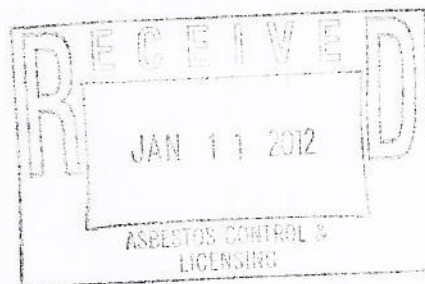
Date of Notification (1) 9 / 9 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, 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	
City (5) WOODBIDGE		County (6) MIDDLESEX		Bldg. Age 42	
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 313 SPOOK ROCK ROAD		
Street Address 1600 ROUTE 22			City, State, Zip Code SUFFERN, NEW YORK 10901		
City, State, Zip Code UNION, NEW JERSEY 07083			Telephone Number 845-369-7500		
Project Manager for Monitoring Firm MIKE NEHLSSEN			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 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	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>[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) 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 WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	Telephone Number

FACILITY INFORMATION		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
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City (5) WOODBIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE
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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
--	----------------------------------	----------------------------------	-----------------------

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
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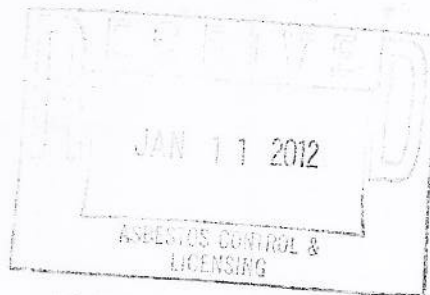
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM	Street Address 1376 ROUTE 9 W City, State, Zip Code WAPPINGERS FALLS, NY 12590
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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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <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			
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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 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>[Signature]</i>		Date 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 / 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		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	
Street Address 1 HESS PLAZA		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
Name of Contact DAVID CERULO		Telephone Number 908-377-5644	

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
City (5) WOODBIDGE		County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)
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
Expected State Date (10) 6 / 23 /11 Month Day Year		Sched. Completion Date (11) 5 / 30 /12 Month Day Year	
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		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		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	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		
2ND FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
3RD 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>		9/28/11	





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 <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 type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #9 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, 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
City (5) WOODBIDGE		Bldg. Age 42	
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	License Number 460
Expected State Date (10) 6 / 23 / 11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year	
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		Name of OSHA Monitor QUALITY ENVIRONMENTAL	

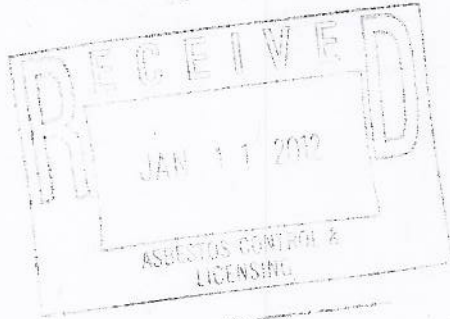
Street Address 1376 ROUTE 9 W	
City, State, Zip Code WAPPINGERS FALLS, NY 12590	

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

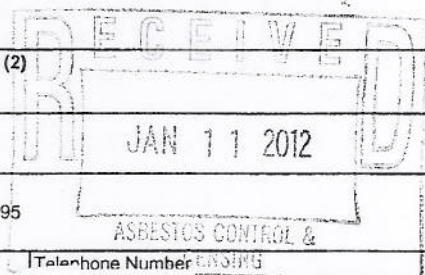


JOOR HALLWAY		X	PIPE FITTINGS	20 LF	X			
FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X			
ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		
DJM TRANSPORT, LLC		26981		1		GROWS LANDFILL		
City, 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>		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) 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 ENDING	

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
City (5) WOODBIDGE		County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished) COMMERCIAL OFFICE		Bldg. Age 42	
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 NEHLEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500
Expected State Date (10) 11 / 7 / 11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year	License Number 460
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		City, State, Zip Code WAPPINGERS FALLS, NY 12590	
<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure <input 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			
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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			
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PLAZA-ENTIRE			X	VAT & MASTIC	12,425 SF	X			
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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			
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13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			
1ST FLOOR HALLWAY			X	PIPE FITTINGS	20 LF	X			



3 <sup>RD</sup> FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1 <sup>ST</sup> 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>		11/4/11	





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

<b>Date of Notification (1)</b> 11 / 4 /11		<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>Name of Contact</b> DAVID CERULO	
<b>Type Notification</b> <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		<b>Telephone Number</b> _____	

<b>FACILITY INFORMATION</b>								
<b>Name of Facility Where Abatement is Taking Place (3)</b>  HESS PLAZA  <b>Street Address</b> 1 HESS PLAZA  <b>City (5)</b> WOODBRIDGE  <b>County (6)</b> MIDDLESEX  <b>County Code (7)</b> (STATE USE ONLY)		<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.)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>Square Feet</b> 187,000</td> <td style="width:33%;"><b># of Floors</b> 13</td> <td style="width:33%;"><b>Bldg. Age</b> 42</td> </tr> </table> <b>Current Use (Prior if being demolished)</b> COMMERCIAL OFFICE  <b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION  <b>Street Address</b> 313 SPOOK ROCK ROAD  <b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Telephone Number</b> 845-369-7500</td> <td style="width:50%;"><b>License Number</b> 460</td> </tr> </table>		<b>Square Feet</b> 187,000	<b># of Floors</b> 13	<b>Bldg. Age</b> 42	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460
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<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460							
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> HILLMANN ENVIRONMENTAL  <b>Street Address</b> 1600 ROUTE 22  <b>City, State, Zip Code</b> UNION, NEW JERSEY 07083		<b>ASCM No.</b> 17  <b>Street Address</b> 313 SPOOK ROCK ROAD  <b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Telephone Number</b> 845-369-7500</td> <td style="width:50%;"><b>License Number</b> 460</td> </tr> </table>		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460			
<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460							
<b>Project Manager for Monitoring Firm</b> MIKE NEHLESEN  <b>Telephone Number</b> 908-377-5644		<b>Expected State Date (10)</b> 11 / 7 /11 Month Day Year  <b>Sched. Completion Date (11)</b> 5 / 30 / 12 Month Day Year						
<b>Occupancy Status During Abatement (Check only one)</b> <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		<b>Street Address</b> 1376 ROUTE 9 W  <b>City, State, Zip Code</b> WAPPINGERS FALLS, NY 12590						
<b>Scope of Work (Check all that apply)</b> <table border="0" style="width:100%;"> <tr> <td style="width:33%;"> <input type="checkbox"/> Demolition  <input type="checkbox"/> &gt;3SF OR LF  <input checked="" type="checkbox"/> &gt;160 SF OR         </td> <td style="width:33%;"> <input checked="" type="checkbox"/> Renovation         </td> <td style="width:33%;"> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclos.  <input checked="" type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Friable Procedure         </td> </tr> </table>				<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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
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3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
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1ST FLOOR HALLWAY			X	PIPE FITTINGS	20 LF	X			

5T 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>B. Sanchez</i>	Date 11/4/11					

