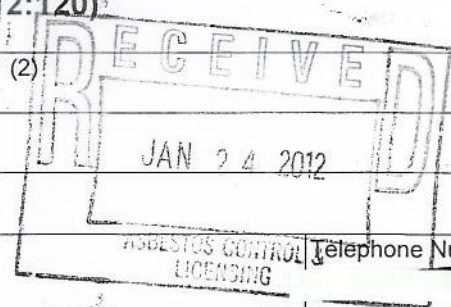


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1201-4438  
Check #3758



Date of Notification (1) <b>1/19/12</b>		Name of Building Owner / Operator (2) <b>Verizon Communications</b>	
Agencies Notified	Type Notification	Street Address <b>100 Greenwood Ave.</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Jenkintown, PA 19046</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact <b>Alex Baylor</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon</b>			Type of Facility (4)		
Street Address <b>1883 Lincoln Highway</b>			<input type="checkbox"/> School (K-12)		
City (5) <b>Edison</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) <b>Middlesex</b>			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County Code (7)			Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>			Current Use (Prior if being demolished) <b>Offices</b>		
ASCN No.			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>8436 Enterprise Avenue</b>			Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>Philadelphia, PA 19153</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone Number <b>215-365-5810 ext. 111</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>2/1/12</b>	Scheduled Completion Date (11) <b>2/10/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one)			Street Address <b>108 Haddon Ave.</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code <b>Westmont, NJ 08108</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours					
Describe:					
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

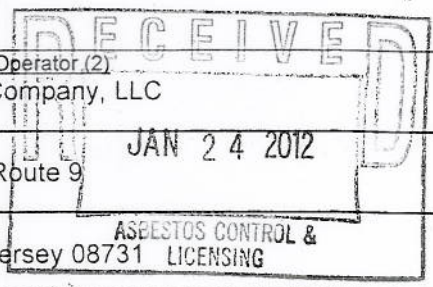
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Boiler Room/battery Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>600 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>2/10/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature <i>Gwen</i>	Date <b>1/19/12</b>

No check

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)



<b>Date of Notification (1)</b> January 17, 2012		<b>Name of Building Owner/Operator (2)</b> Exelon Generation Company, LLC	
<b>Agencies Notified</b>  (x) EPA (x) DEP (x) DOL (x) DOH (x) DCA	<b>Notification Type</b>  (x) Initial Notification ( ) Amended Certification ( ) Cancelled	<b>Street Address</b> P.O. Box 388, U.S. Route 9	
		<b>City, State, Zip Code</b> Forked River, New Jersey 08731	
		<b>Name of Contact</b> Edwin O'Brien	

FACILITY INFORMATION

<b>Name of Facility Where Abatement is Taking Place (3)</b> Oyster Creek Generating Station			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> P.O. Box 388, U.S. Route 9			<b>Sq. Feet:</b> <25 <b># of Floors:</b> Various	
<b>City (5)</b> Forked River	<b>County (6)</b> Ocean	<b>County Code (7) (State Use Only)</b>	<b>Bldg. Age</b> _____ <b>Current Use (prior if being demolished)</b> _____	

<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Accredited Environmental Technologies	<b>ASCM No.</b> #00021	<b>Name of Contractor (9)</b> Advanced Specialty Contractors
--	---------------------------	---

<b>Street Address</b> 28 North Pennell Road	<b>Street Address</b> 120 North Line Street
--	--

<b>City, State, Zip Code</b> Media, Pa 19063	<b>City State, Zip Code</b> Lancaster, PA 17602
---	--

<b>Project Manager for Monitoring Firm</b> Tony Smith	<b>Telephone Number</b> 610-842-0461	<b>Telephone Number</b> 800-437-0441	<b>License Number</b> #00750 Type A
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<b>Scheduled Start Date (10)</b> February 1, 2012	<b>Scheduled Completion Date (11)</b> December 31, 2012	<b>Name of OSHA Monitor</b> Edward Griffin, Jr. – Oyster Creek Generating Station
--	--	--

<b>Occupancy Status During Abatement (Check only one)</b> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____  Other – N/A Describe – Notification is for contingency, no planned abatement		<b>Street Address</b> P.O. Box 388, U.S. Route 9
		<b>City, State, Zip Code</b> Forked River, New Jersey 08731

**Source of Work (Check all that apply)**

( ) Demolition    (x) Renovation  
 ( ) Large Proj. (>160 SF or >260 LF ACM)    ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)    (x) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure    ( ) Mini-Enclosure    ( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO			NA	Rem.	Rep.	Encap
Site-wide (contingency)			Misc.	<25 SF				

<b>Name of Reg. Waste Hauler</b> (Veolia Technical Services)	<b>NJDEP Waste Hauler ID #</b> #080631369	<b>Cubic Yards of Waste</b> 5	<b>Name of Reg. Landfill</b> Model City
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<b>City, State</b> 3100 Hedley, Philadelphia, PA 19137	<b>Disp. Date</b> 12/31/12	<b>City, State</b> Model City, NY
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<b>Completed by (Print or Type)</b> Edwin O'Brien	<b>Title</b> Sr. Environmental Chemist	<b>Signature</b> <i>Edwin O'Brien</i>	<b>Date</b> 1/17/12
--	---	--	------------------------

Mail to: NJDEP-DSHW-BR RTP    Telephone 609-984-6620  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

9/18/00

2075

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

RECEIVED

JAN 24 2012

Date of Notification (1) <b>1-19-12</b>		Name of Building Owner/Operator (2) <b>Blackman and Company</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 W Evesham Rd</b>	
		City, State, Zip Code <b>Cherry Hill NJ 08035-3814</b>	
		Name of Contact <b>Tom Reilly</b>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <b>(Bldg)</b>		Type of Facility (4)	
Street Address <b>1 BRACE Rd</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Eriton - Ellisburg NJ</b>	Square Feet	% of Floors	Bldg. Age
County (6) <b>Camden</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>Ani JOE LLC</b>
Street Address		Street Address <b>1212 Burlington Ave</b>
City, State, Zip Code		City, State, Zip Code <b>Delanco NJ 08075</b>
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856 824 0971</b>
		License No. <b>01070</b>

Start Date (10) <b>1-29-12</b>	Scheduled Completion Date (11) <b>2-29-12</b>	Name of OSHA Monitor <b>SAME</b>
Occupancy Status During Abatement (Check only one)		Street Address
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf  
 ≥ 150 sf or ≥ 250 lf

Renovation  
 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)	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>THRU OUT</b>			<input checked="" type="checkbox"/>	<b>MASTIC</b>	<b>45000 SF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>J Robinson Waste</b>	NJDEP Waste Hauler ID No. <b>16387</b>	Cubic Yards of Waste	Name of Registered Landfill <b>WM of PA</b>
City, State <b>Bellmawr NJ</b>	Disposal Date <b>TBD</b>	City, State <b>Tollytown PA</b>	
Completed by <b>J Hill</b>	Title <b>VP</b>	Signature <b>JH</b>	Date

CHECK # 2198

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

RECEIVED  
 JAN 24 2012

Date of Notification (1) <u>1/19/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 <u>300 77 TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
		Name of Contact <u>FILIP EDUARDI</u>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>29 78TH ST.</u>		Square Feet	# of Floors
City (5) <u>SEA ISLE CITY</u>		Bldg. Age	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>

Start Date (10) <u>2/2/12</u>	Scheduled Completion Date (11) <u>2/9/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
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 <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply)

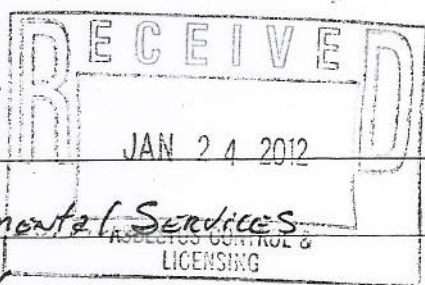
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag 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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2000 LF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>1/19/12</u>

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

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



24069

Date of Notification (1) <u>01 / 18 / 2012</u>		Name of Building Owner/Operator (2) <u>Exxon Mobil Environmental Services</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 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 <u>52 Beacham Street</u>	
		City, State, Zip Code <u>EVERETT, MA. 02149</u>	
		Name of Contact <u>Eric W. Errico</u>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <u>Former Bayonne Lubrication Manufacturing Plant</u>			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 and commercial buildings, homes, etc.)		
Street Address <u>1 Avenue J</u>			Square Feet <u>N/A</u>	# of Floors <u>N/A</u>	Bldg. Age <u>65</u>
City (5) <u>Bayonne</u>	County (6) <u>Hudson</u>		Current Use (Prior if being demolished) <u>manufacturing</u>		

Name of Monitoring Firm Hired by Building Owner (8) <u>LFR Inc</u>		ASCM No.	Name of Abatement Contractor (9) <u>Terra Abatement Services, LLC</u>		
Street Address <u>35 Columbia</u>		Street Address <u>5757 Stadium Drive</u>			
City, State, Zip Code <u>Bronckbury, NJ 08876</u>		City, State, Zip Code <u>Kalamazoo, Michigan 49009</u>			
Project Manager for Monitoring Firm <u>Greg Samoson</u>		Telephone No. <u>781-356-7300</u>	Telephone No. <u>269-375-9595</u>	License No. <u>01080</u>	
Start Date (10) <u>2 / 6 / 12</u>	Scheduled Completion Date (11) <u>3 / 2 / 12</u>		Name of OSHA Monitor <u>Analytical Testing &amp; Consulting Services</u>		
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 <u>14625 Doster Rd.</u>		
			City, State, Zip Code <u>Plainwell, MI 49080</u>		

Scope of Work (Check all that apply)

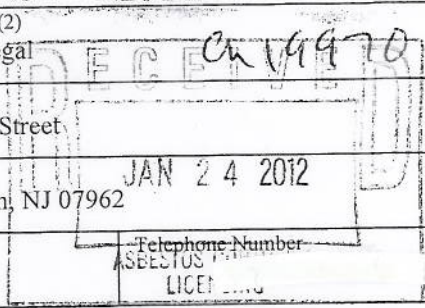
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<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)	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
<u>attached to tanks 97,98,61</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>thermal systems insulation</u>	<u>500 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pods # 3-6-7</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>thermal systems insulation</u>	<u>1500 LF</u>	<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"/>

Name of Registered Waste Hauler <u>HAZMAT Environmental Group</u>		NJDEP Waste Hauler ID No. <u>1665</u>	Cubic Yards of Waste <u>120</u>	Name of Registered Landfill <u>HIGH ACRES Landfill</u>	
City, State <u>Buffalo, NY</u>		Disposal Date <u>3-5-12</u>		City, State <u>FAIRPORT, NY</u>	
Completed By (Print or Type) <u>Gregory G. Moe</u>	Title <u>Director of Abatement Services</u>	Signature <u>Gregory G. Moe</u>		Date <u>1-18-2012</u>	

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

Date of Notification (1) January 19, 2012		Name of Building Owner/Operator (2) Segal & Segal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 465 South Street
			City, State, Zip Code Morristown, NJ 07962
			Name of Contact Fred Kimak
		Telephone Number ASBESTOS LICEN...	



**FACILITY INFORMATION**

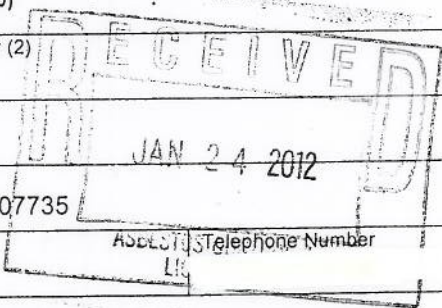
Name of Facility Where Abatement is Taking Place (3) Building 145 Randolph Place			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 145 Randolph Place			Square feet 10,000 sf	# of Floors 1	Bldg. Age 80
City West Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Laundry Room		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 7321-349-9932	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 2/6/12	Scheduled Completion Date (11) 2/7/12		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours. <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input type="checkbox"/> Renovation <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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Laundry Room		X		Asbestos pipe insulation	160 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/8/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 1/19/2012

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

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



Date of Notification (1) 01/20/12 Ck: 1762 \$200		Name of Building Owner/Operator (2) IFF Inc.	
Agencies Notified	Type Notification	Street Address 1515 State Route 36	
<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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union Beach, New Jersey 07735	
		Name of Contact Gary Stapperfenne	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) International Flavors & Fragrances		Type of Facility (4)	
Street Address 1515 State Route 36		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Union Beach, New Jersey 07735		Square Feet 10,000	# of Floors 3
County (6) Monmouth		Bldg. Age 55+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Manufacturing Company	

Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 555 Broad Street, Suite K		Street Address 606 McBride Avenue		
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Woodland Park, New Jersey 07424		
Project Manager for Monitoring Firm Richard Lester		Telephone No. 201-652-1119	Telephone No. 973-225-8400	License No. 01104

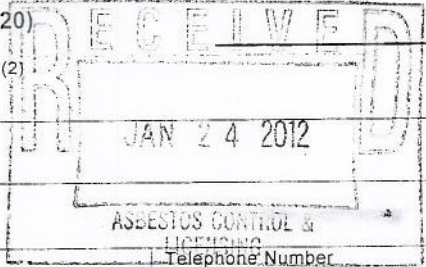
Start Date (10) 02/17/12	Scheduled Completion Date (11) 02/20/12	Name of OSHA Monitor J&S Environmental Labs	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5PM Start		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	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
Laboratory		X		Elbows	30 Each	X			
Laboratory		X		VatMastic&LinoleumNonFriable	1,380 SF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424			Disposal Date 02/22/12	City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 01/20/12

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



MO#19129319537

Date of Notification (1)

01/19/2012

Name of Building Owner/Operator (2)

Mike Zip

Agency Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address

7 Washington Park

City, State, Zip Code

Maplewood, NJ 07040

Name of Contact

Mike Zip

JAN 24 2012

ASBESTOS CONTROL & REMEDIATION

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

7 Washington Park

City (5)

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Maplewood, NJ 07040

County (6)

Essex

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)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

Name of OSHA Monitor

01/29/2012

01/30/2012

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

Street Address

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

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- >3 sf or >3 lf
- ≥160 sf or >260 lf

- Renovation
- 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)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	140 LF	x			

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

Date

N. Jevtic

Owner

*N. Jevtic*

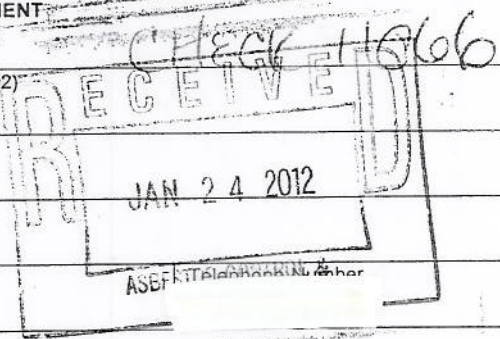
01/19/2012

ASB-41

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



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



Date of Notification (1) 1/20/12		Name of Building Owner/Operator (2) Wm. H. Yeomans (agent)	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 143 Roseland Avenue	
		City, State, Zip Code Caldwell, NJ 07006	
		Name of Contact Brent Yeomans	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 15 Bonaparte Point Drive		Square Feet 2000	# of Floors 2	Bldg. Age 50
City (5) Hopatcong	County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive, PO Box 483		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500	License No. 703
Start Date (10) 1/30/12	Scheduled Completion Date (11) 2/13/12		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address	
			City, State, Zip Code	

Scope of Work (Check All That Apply)

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

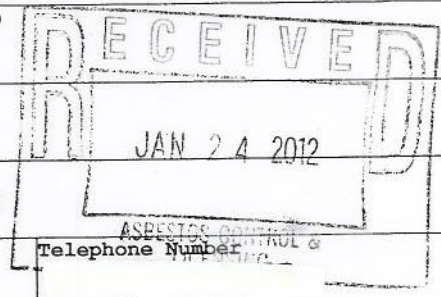
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space			x	ductwork	50 SF	x			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill
City, State Newark NJ	Disposal Date TBD	City, State Newburg PA	
Completed by Andrew Scott Higgins	Title President	Signature 	Date 1/20/12

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

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

Date of Notification (1) <b>1/19/12</b>		Name of Building Owner/Operator (2) <b>Helen Cox</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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	Street Address <b>366 Melrose Place</b>	
		City, State, Zip Code <b>South Orange, NJ 07079</b>	
		Name of Contact <b>Helen Cox</b>	
		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private</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>366 Melrose Place</b>		Square Feet <b>3500</b>	# of Floors <b>3</b>
City (5) <b>S. Orange</b>		County (6) <b>Essex</b>	Bldg. Age <b>110</b>
		Current Use (Prior if being demolished) <b>Residence</b>	

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>	ASCM No. <b>67</b>	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>	
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>

Scheduled Start Date (10) <b>1/30/12</b> Month Day Year	Sched. Completion Date (11) <b>1/31/12</b> Month Day Year	Name of OSHA Monitor <b>N/A</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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address	
		City, State, Zip Code	

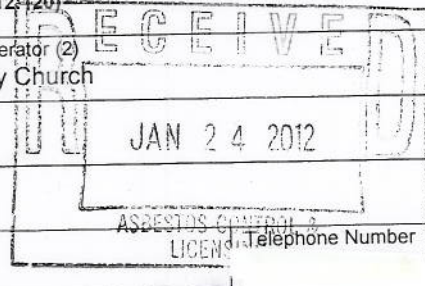
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<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 Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
Basement			X	Pipe Insulation	140 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>2/1/12</b>	City, State <b>Morrisville, PA 19067</b>
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>1/19/12</b>

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



Date of Notification (1) 1/19/2012		Check#2108	Name of Building Owner/Operator (2) St Elizabeth of Hungary Church
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 179 Husa Street
			City, State, Zip Code Linden, NJ 07036
			Name of Contact Susan Heimbuch

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) St Elizabeth of Hungary Church		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 179 Husa Street		Square Feet 20,000	# of Floors 2
City (5) Linden, NJ 07036		Bldg. Age 60+	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) EA Services Corporation
Street Address		Street Address 426-69th Street	
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm N/A		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 1/19/2012	Scheduled Completion Date (11) 1/20/2012	Name of OSHA Monitor EA Services Corporation	
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 checked="" type="checkbox"/> Other - Describe: Starting Thursday @6:00 PM		Street Address 426-69th Street	
		City, State, Zip Code Guttenberg, NJ 07093	

Scope of Work (Check All That Apply)

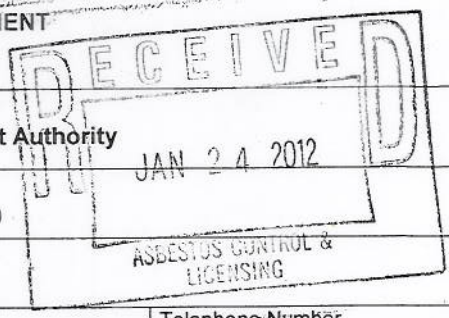
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) 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 area		X		9x9 loose floor tile debri	30 SF	X			

Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste tbd	Name of Registered Landfill IESI-Bethlehem Landfill Corporation
City, State Wayne, NJ	Disposal Date tbd	City, State Bethlehem, PA	
Completed by Luz Guzman	Title Office Assitant	Signature 	Date 1/19/2012

No check

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



Date of Notification (1) <u>01</u> / <u>18</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Camden County Improvement Authority</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> (# <u>11</u> ) <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1909 Route 70 East, Suite 300</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08003</b>	
		Name of Contact <b>Jim Lex</b>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Former W.T. Grants Complex</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>130-230 White Horse Pike</b>		Square Feet <b>100,000</b>	# of Floors <b>1</b>
City (5) <b>Clementon, NJ</b>		Bldg. Age <b>40+</b>	
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm (8) <b>Environmental Resolutions, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>	
Street Address <b>525 Fellowship Road</b>		Street Address <b>500 East Luzerne Street</b>	
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>	
Project Manager for Monitoring Firm <b>Rick Lake</b>	Telephone No. <b>856-235-7170</b>	Telephone No. <b>215-739-8166</b>	License No. <b>00646</b>

Start Date (10) <u>11</u> / <u>29</u> / <u>11</u>	Scheduled Completion Date (11) <u>01</u> / <u>31</u> / <u>12</u>	Name of OSHA Monitor <b>SAME AS ABOVE</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: <u>7AM-4PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

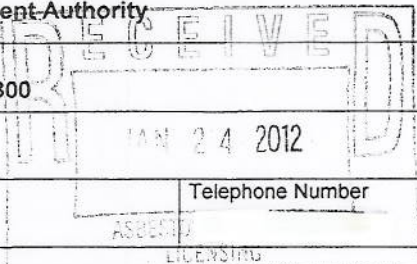
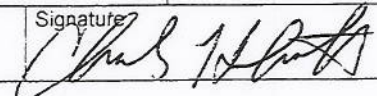
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) 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
Bldg. #1, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Parapot Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black & Grey Roofing Membrane	13,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Service Transport Group, Inc.</b>	NJDEP Waste Hauler ID No. <b>A901#20990</b>	Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>
City, State <b>New Castle, DE 19720-</b>		Disposal Date	City, State <b>Waynesburg, OH 44688</b>
Completed By (Print or Type) <b>Charles Imbimbo</b>	Title <b>Project Manager</b>	Signature 	Date <b>1-18-12</b>

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

①

Date of Notification (1) <b>11 / 23 / 11</b>		Name of Building Owner/Operator (2) <b>Camden County Improvement Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <b>Amendment #1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1909 Route 70 East, Suite 300</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08003</b>							
		Name of Contact <b>Jim Lex</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former W.T. Grants Complex</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>130-230 White Horse Pike</b>			Square Feet <b>100,000</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>				
City (5) <b>Clementon, NJ</b>			County Code (7)(STATE USE ONLY)						
County (6) <b>Camden</b>		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Resolutions, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>						
Street Address <b>525 Fellowship Road</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Rick Lake</b>		Telephone No. <b>856-235-7170</b>	Telephone No. <b>215-739-8166</b>	License No. <b>00646</b>					
Start Date (10) <b>11 / 29 / 11</b>		Scheduled Completion Date (11) <b>01 / 15 / 12</b>		Name of OSHA Monitor <b>SAME AS ABOVE</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: <b>7AM-4PM</b> / ___PM-___AM			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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Bldg. #1, Sales Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Glue Dots</b>	<b>2,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior Parapot Walls</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Black &amp; Grey Roofing Membrane</b>	<b>13,000 SF</b>	<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"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc.</b>		NJDEP Waste Hauler ID No. <b>A901#20990</b>	Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>					
City, State <b>New Castle, DE 19720-</b>		Disposal Date		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles Imbimbo</b>	Title <b>Project Manager</b>	Signature 		Date <b>11/25/11</b>					

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

1155

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

Check # 20553

(1)

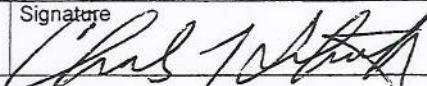
Date of Notification (1) <u>11</u> / <u>23</u> / <u>11</u>		Name of Building Owner/Operator (2) <b>Camden County Improvement Authority</b>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input 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>1909 Route 70 East, Suite 300</b>								
		City, State, Zip Code <b>Cherry Hill, NJ 08003</b>								
		Name of Contact <b>Jim Lex</b>	Telephone Number <b>ASBESTOS C LICENSING</b>							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Former W.T. Grants Complex</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>130-230 White Horse Pike</b>		Square Feet <b>100,000</b>	# of Floors <b>1</b>							
City (5) <b>Clementon, NJ</b>		Bldg. Age <b>40+</b>								
County (6) <b>Camden</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>Environmental Resolutions, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>							
Street Address <b>525 Fellowship Road</b>		Street Address <b>500 East Luzerne Street</b>								
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>								
Project Manager for Monitoring Firm <b>Rick Lake</b>		Telephone No. <b>856-235-7170</b>	Telephone No. <b>215-739-8166</b>							
Start Date (10) <u>12</u> / <u>08</u> / <u>11</u>		Scheduled Completion Date (11) <u>01</u> / <u>15</u> / <u>12</u>	License No. <b>00646</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: <u>7AM-4PM</u> / <u>      </u> PM - <u>      </u> AM		Name of OSHA Monitor <b>SAME AS ABOVE</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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1 <sup>st</sup> Floor, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	66,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 <sup>st</sup> Floor, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	19,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 <sup>st</sup> Floor, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile mastic	75,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 <sup>st</sup> Floor, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe joint fitting insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Service Transport Group, Inc.</b>		NJDEP Waste Hauler ID No. <b>A901#20990</b>	Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>						
City, State <b>New Castle, DE 19720</b>		Disposal Date		City, State <b>Waynesburg, OH 44688</b>						
Completed By (Print or Type) <b>Charles Imbimbo</b>		Title <b>Project Manager</b>		Signature 			Date <b>11/23/11</b>			

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

*check #*

**20559**

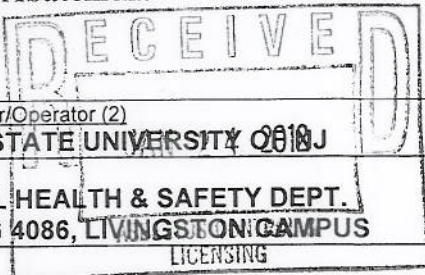
2

Date of Notification (1) <b>11 / 23 / 11</b>		Name of Building Owner/Operator (2) <b>Camden County Improvement Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" 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>1909 Route 70 East, Suite 300</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08003</b>							
		Name of Contact <b>Jim Lex</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former W.T. Grants Complex</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>130-230 White Horse Pike</b>		Square Feet <b>100,000</b>	# of Floors <b>1</b>						
City (5) <b>Clementon, NJ</b>		Bldg. Age <b>40+</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Resolutions, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>						
Street Address <b>525 Fellowship Road</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Rick Lake</b>	Telephone No. <b>856-235-7170</b>	Telephone No. <b>215-739-8166</b>	License No. <b>00646</b>						
Start Date (10) <b>12 / 08 / 11</b>	Scheduled Completion Date (11) <b>01 / 15 / 12</b>	Name of OSHA Monitor <b>SAME AS ABOVE</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: <b>7AM-4PM</b> PM-___AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
Bldg. #1, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Parapot Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black & Grey Roofing Membrane	13,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Service Transport Group, Inc.</b>		NJDEP Waste Hauler ID No. <b>A901#20990</b>	Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>					
City, State <b>New Castle, DE 19720-</b>		Disposal Date		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles Imbimo</b>	Title <b>Project Manager</b>	Signature 			Date <b>11/23/11</b>				

1753

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 19, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY 0610J</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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - new start & completion dates <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.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>
Street Address <b>NEWARK CAMPUS</b>			Current Use (prior if being demolished): <b>ACADEMIC</b>
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	

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>01/27/12</b>	Scheduled Completion Date (11) <b>01/30/12</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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$	<input type="checkbox"/> Demolition	<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		Disposal Date <b>01/30/2012</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			<b>215-736-1700</b>

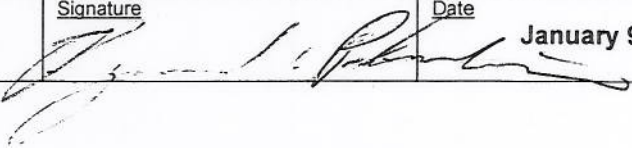
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>January 19, 2012</b>
--	--	---------------	---------------------------------



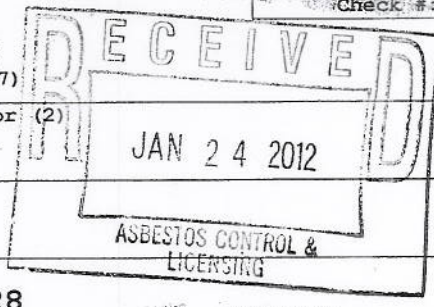
**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>NEWARK CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
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 $\geq 260$ lf <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)
<b>208 SUITE</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>840 SF</b>
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		Disposal Date <b>01/23/2012</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>January 9, 2012</b>

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



No Check

Date of Notification (1) <b>1/10/12 - Amended 1/20/12</b>		Name of Building Owner/Operator (2) <b>Eyal Shnaps</b>	
Agencies Notified	Type Notification	Street Address <b>260 Linden Avenue</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Glen Ridge, NJ 07028</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact <b>Eyal Shnaps</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private</b>			Type of Facility (4)		
Street Address <b>260 Linden Avenue</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>Glen Ridge</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>2500</b>	# of Floors <b>2</b>	Bldg. Age <b>66</b>
			Current Use (Prior if being demolished) <b>Residence</b>		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>67</b>	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>1/12/12</b>		Sched. Completion Date (11) <b>1/27/12</b>		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one)		Street Address			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		City, State, Zip Code			

Scope of Work (Check all that apply)

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

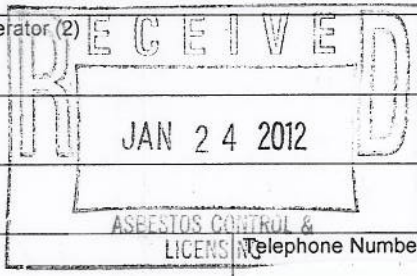
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			R	E	E	N	E	
1 <sup>st</sup> fl 2 <sup>nd</sup> fl & Basement			X	Internal Duct	150 sf					X	
Basement			X	Duct Insulation	2 sf	X					
2 <sup>nd</sup> Floor Bathroom			X	Duct Insulation	10 sf	X					

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste 2.0	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1/30/12</b>		City, State <b>Morrisville, PA 19067</b>	

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>1/20/12</b>
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*No check*



Date of Notification (1) <u>1</u> / <u>5</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Reckitt Benckiser</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1-1/18/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>799 Route 206</b>	
		City, State, Zip Code <b>Hillsborough</b>	
		Name of Contact <b>Matt DeCicco</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Reckitt Benckiser - Exterior Tanks</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 and commercial buildings, homes, etc.)	
Street Address <b>799 Route 206</b>		Square Feet	# of Floors
City (5) <b>Hillsborough</b>		Bldg. Age	
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>120 North Warren St</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	

Start Date (10) <u>1</u> / <u>16</u> / <u>12</u>	Scheduled Completion Date (11) <i>REV #2</i> <u>1</u> / <u>25</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>
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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 Time of Abatement: <b>7:00AM-3:30PM</b> / ___ PM - ___ AM	Street Address <b>1123 BEAVER STREET</b>
	City, State, Zip Code <b>BRISTOL, PA 19007</b>

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Tank 9 Endcap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic Debris	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 9 Endcap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 10 Endcap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 10 Endcap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

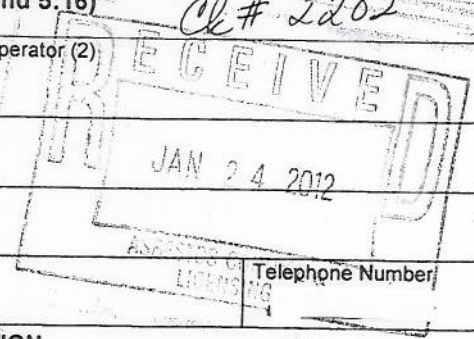
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>12 Cu Yds</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>	Disposal Date <b>1/18/12</b>	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>	Date <b>1/18/12</b>

REV. ASB-41  
#1 MAY 11

\* Do not use this form for asbestos licensure exempted activities.  
**PROJECT 'ON HOLD' UNTIL 1/23/12 & WILL FINISH BY 1/25/11**

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

Cl# 2202



Date of Notification (1) 1 / 5 / 12		Name of Building Owner/Operator (2) Reckitt Benckiser							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 5638 <input checked="" type="checkbox"/> DHSS 5621 <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 799 Route 206							
		City, State, Zip Code Hillsborough							
		Name of Contact Matt DeCicco							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Reckitt Benckiser - Exterior Tanks		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 and commercial buildings, homes, etc.)							
Street Address 799 Route 206									
City (5) Hillsborough		Square Feet	# of Floors						
		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 North Warren St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) 1 / 16 / 12	Scheduled Completion Date (11) 1 / 18 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
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 Time of Abatement: 7:00AM-3:30PM/ ___ PM- ___ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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 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
Exterior Tank 9 Endcap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic Debris	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 9 Endcap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 10 Endcap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 10 Endcap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 12 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 1/18/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni/jl</i>			Date 1/5/12		

ASB-41  
MAY 11 GI12004

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

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

Date of Notification (1) 1/17/2012

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

Type Notification:  Initial,  Amended,  Amendment #,  Emergency (including justification),  Cancellation

Name of Building Owner/Operator (2) Bergen County Technical Schools

Street Address 327 E. Ridgewood Ave

City, State, Zip Code Paramus NJ

Name of Contact Tom Jodice

Telephone Number \_\_\_\_\_

JAN 24 2012

Name of Facility Where Abatement is Taking Place (3) Rockleigh School

Street Address 35 Piermont Rd

City (5) Rockleigh

County (6) Bergen

County Code (7) (STATE USE ONLY) \_\_\_\_\_

Type of Facility (4):  School (K-12),  Subchapter 8 (Other than K-12),  Other (i.e. private & commercial buildings, homes, etc.)

Square Feet \_\_\_\_\_ # of Floors 1 Bldg. Age \_\_\_\_\_

Name of Monitoring Firm Hired by Building Owner (8) TTI ASCM No. \_\_\_\_\_

Name of Abatement Contractor (9) School

Street Address 1253 N. Church Street

City, State, Zip Code Morristown NJ 08056

Project Manager for Monitoring Firm Mike Stocku Telephone No. 856-840-8800

Street Address 27 West Street

City, State, Zip Code Bloomfield NJ 07003

Telephone No. 973-650-0088 License No. 357

Name of OSHA Monitor \_\_\_\_\_

Start Date (10) 1/19/12 Scheduled Completion Date (11) 1/20/12

Occupancy Status During Abatement (Check Only One):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours,  Other - Describe: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Scope of Work (Check All That Apply):  ≥3 sf or ≥3 lf,  ≥160 sf or ≥260 lf

Renovation,  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)	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
<u>boiler rm + hallway</u>		<u>X</u>		<u>filings</u>	<u>7 LF</u>	<u>X</u>			
<u>various locations</u>		<u>X</u>		<u>WRAP + CUT Filings</u>	<u>29 each</u>	<u>X</u>			

Name of Registered Waste Hauler ETGI NJDEP Waste Hauler ID No. 000692061

Cubic Yards of Waste 4 Name of Registered Landfill Cwm Chemical Services

City, State Cranbury NJ Disposal Date 1/31/12 City, State Madison City NJ

Completed by Sharon Hendee Title owner Signature S. Hendee Date 1/17/12

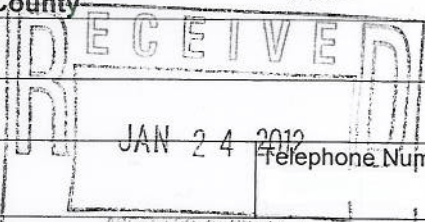
\* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) <b>1/17/2012</b>		Name of Building Owner/Operator (2) <b>Bergen County Technical Institute</b>								
Agency Notified		Street Address <b>327 E. Ridgewood Road</b>								
Type Notification		City, State, Zip Code <b>Paramus NJ 07652</b>								
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	Name of Contact <b>Tom Jodice</b>								
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended									
<input checked="" type="checkbox"/> DCI	<input checked="" type="checkbox"/> Amendment #	Telephone Number <b>201-261-1111</b>								
<input type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	WAWER APPROVED JAN 24 2012								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation									
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <b>Rockleigh School</b>		Type of Facility (4)								
Street Address <b>35 Piermont Road</b>		<input checked="" type="checkbox"/> School (K-12)								
City (5) <b>Rockleigh</b>		<input type="checkbox"/> Subchapter B (Other than K-12)								
County (6) <b>Bergen</b>		<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>								
Name of Monitoring Firm/Hired by Building Owner (8) <b>TTI</b>		Name of Abatement Contractor (9) <b>PAW-R-SAVE INC</b>								
Street Address <b>1253 N. Church Street</b>		Street Address <b>27 West Street</b>								
City, State, Zip Code <b>Madison NJ 08057</b>		City, State, Zip Code <b>Bloomfield NJ 07003</b>								
Project Manager for Monitoring Firm <b>MIKE STUCKY</b>		Telephone No. <b>856-840 8500</b>	License No. <b>357</b>							
Start Date (10) <b>1/19/12</b>	Scheduled Completion Date (11) <b>1/20/12</b>	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code								
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours										
<input type="checkbox"/> Other - Describe:										
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> 23 sf or 23 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure								
<input type="checkbox"/> 2160 sf or 2160 lf	<input type="checkbox"/> Demolition	<input 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)	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	
best room + hallway		/		biting	7 LF	X				
Name of Registered Waste Hauler <b>ETGI</b>		NJDEP Waste Hauler ID No <b>000692061</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>CWM Chemical Services</b>						
City, State <b>Cresskill NJ</b>		Disposal Date <b>1/31/12</b>	City, State <b>Walden City NY</b>							
Completed by <b>Sharon Hendee</b>		Title <b>owner</b>	Signature <b>S. Hendee</b>				Date <b>1/17/12</b>			

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

**1104-4289  
Check #3779**

Date of Notification (1) <b>1/20/12</b>		Name of Building Owner / Operator (2) <b>Housing Authority of Gloucester County</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>100 Pop Moylan Blvd.</b>	City, State & Zip Code <b>Deptford, NJ 08096</b>
		Name of Contact <b>Samuel Hudman</b>	Telephone Number



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Colonial park Apartments</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>401 South Evergreen Ave.</b>		Square Feet	# of Floors
City (5) <b>Woodbury</b>	County (6) <b>GLE</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Offices</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>Hammonton, NJ 08037</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone Number <b>609-704-8850</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>

Scheduled Start Date (10) <b>2/30/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>EMSL Analytical</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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>		
		City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

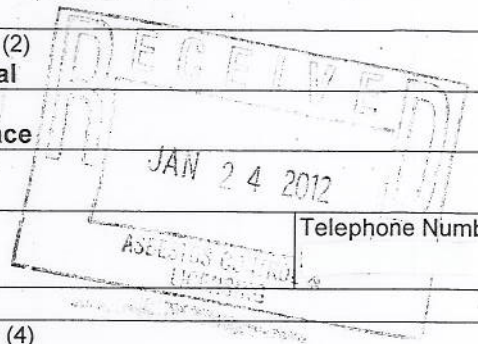
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout (135) Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	20,250 SF total- 150 SF per location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout (10) Various Locations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	4,350 SF total-435 SF per location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/31/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 	Date <b>1/20/12</b>

No check

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

**1201-4441  
Check #3757**



Date of Notification (1) <b>1/20/12</b>		Name of Building Owner / Operator (2) <b>Robert Wood Johnson Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>One Robert Wood Johnson Place</b>	
		City, State & Zip Code <b>New Brunswick, NJ 08901</b>	
		Name of Contact <b>Geiser Fajardo</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital</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>One Robert Wood Johnson Place</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>New Brunswick</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>280 Huyler Street</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>South Hackensack, NJ 07606</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone Number <b>201-489-8400</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>1/28/12</b>	Scheduled Completion Date (11) <b>2/20/12</b>		Name of OSHA Monitor <b>EMSL Analytical</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 Hours Describe: <b>Weekend Work</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> Floor Hallway Elevator Lobby</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>1,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor Hallway Elevator Lobby</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Vinyl Flooring Containing Asbestos</b>	<b>1,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/20/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature <i>Gwen Trumbetti</i>		Date <b>1/20/12</b>

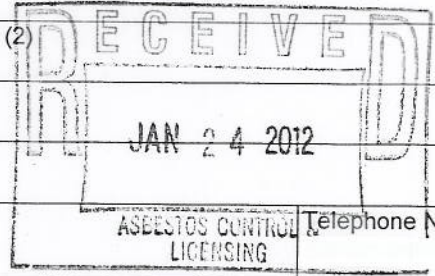


No check

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check #3703  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1110-4391 Sub8

Date of Notification (1) <b>1/20/12</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>2083 Lawrenceville Road</b> City, State & Zip Code <b>Lawrenceville, NJ 08648</b>
			Name of Contact <b>Fred Porter</b>



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Rider University – GSB Building</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>2083 Lawrenceville Road</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Classrooms</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>515 Grove Street Suite 1B</b>		Street Address <b>30 Maple Ave</b>			
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-547-0505</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>1/20/12</b>	Scheduled Completion Date (11) <b>1/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</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 Hours Describe: <b>Fri 4PM start, Saturday 2X shifts, Sunday 2X shifts</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	75 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>1/31/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Off. Coord.</b>	Signature <i>Gwen Trumbetti</i>		Date <b>1/20/12</b>

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

No check



Date of Notification (1) 1/17/2012		Name of Building Owner/Operator (2) NJ Turnpike Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 581 Main Street	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact Richard J. Raczynski	Telephone Number

Name of Facility Where Abatement is Taking Place (3) East Windsor Township Municipal Complex			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 309 Ward Street			Square Feet 5,000	# of Floors 1	Bldg. Age 40+
City (5) East Windsor		County (6) Mercer		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Mattiola Services, LLC

Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10)		Scheduled Completion Date (11)	
Name of OSHA Monitor		Current Use (Prior if being demolished) Salt Storage Shed	

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 type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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
Salt Storage Shed				Cancellation due to material containing <0.25% asbestos misread initially rec'd analytical					

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed by Caroline M. Harper		Title Project Manager	Signature <i>Caroline M. Harper</i>	Date 1/17/2012	

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

Print Form

Check # 8102

Date of Notification (1) **1-19-12**

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

Type Notification:  Initial,  Amended,  Amendment #,  Emergency (including justification),  Cancellation

Name of Building Owner/Operator (2) **MW Industries Inc**

Street Address **137 Route 202**

City, State, Zip Code **Ringoes NJ 08551**

Name of Contact **Jeff Van Natta** Telephone Number

Name of Facility Where Abatement is Taking Place (3) **Atlantic Spring**

Street Address **137 Route 202**

City (5) **Ringoes NJ**

County (6) **Huartenon** County Code (7) (STATE USE ONLY)

Type of Facility (4):  School (K-12),  Subchapter 8 (Other than K-12),  Other (i.e. private & commercial buildings, homes, etc.)

Square Feet, # of Floors **1**, Bldg Age **60+**

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) **EPC Technologies Inc** ASCM No. **N/A**

Street Address **P.O. Box 337**

City, State, Zip Code **New Egypt NJ 08533**

Name of Abatement Contractor (9) **EPC Technologies Inc**

Street Address **P.O. Box 337**

City, State, Zip Code **New Egypt NJ 08533**

Project Manager for Monitoring Firm **Steve Schenker** Telephone No. **609 758 3365**

Start Date (10) **1-29-12** Scheduled Completion Date (11) **1-29-12** License No. **00394**

Occupancy Status During Abatement (Check Only One):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours

Name of OSHA Monitor **EPC Technologies Inc**

Street Address **P.O. Box 337**

City, State, Zip Code **New Egypt NJ 08533**

Scope of Work (Check All That Apply):  ≥3 sf or ≥3 lf,  ≥160 sf or ≥260 lf,  Renovation,  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)	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
Shop Area	X			Pipe Insulation	15 LF	X			
Office Lobby		X		Floor Tile	100 SF	X			

Name of Registered Waste Hauler **EPC Technologies Inc** NJDEP Waste Hauler ID No. **17000**

City, State **New Egypt NJ** Cubic Yards of Waste **2**

Name of Registered Landfill **Waste Management of PA**

City, State **Morrisville PA**

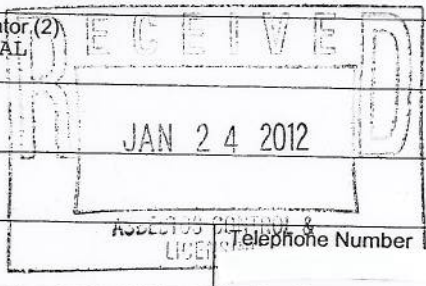
Disposal Date **1-30-12**

Completed by **Steve Schenker** Title **President** Signature **Steve Schenker** Date **1-19-12**

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

No check

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



Date of Notification (1) 01-13-2012		Name of Building Owner/Operator (2) ST. MICHAEL'S HOSPITAL	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 CENTRAL AVENUE
			City, State, Zip Code NEWARK, NJ 07102
		Name of Contact ANDREW D. MASTIN	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) ST. MICHAEL'S HOSPITAL		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 111 CENTRAL AVENUE		Square Feet 6,500	# of Floors 1
City (5) NEWARK		Bldg. Age 93	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	

Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES		ASCM No.	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES	
Street Address 280 HUYLER STREET		Street Address 11-02 QUEENS PLAZA SOUTH		
City, State, Zip Code SOUTH HACKENSACK, NJ 07606		City, State, Zip Code LONG ISLAND CITY, NY 11101		
Project Manager for Monitoring Firm GEISER FAJARDO		Telephone No. 201-489-8700	Telephone No. 718-349-0900	License No. 00853

Start Date (10) 01/19/2012 NEW START DATE	Scheduled Completion Date (11) 02/17/2012 NEW COMPLETION DATE	Name of OSHA Monitor ROLLAND BARNHART	
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: ACCESS TO WORK AREAS WILL BE RESTRICTED DURING ABATEMENT		Street Address 21 PERRINE AVENUE	
		City, State, Zip Code SOUTH AMBOY, NJ 08879	

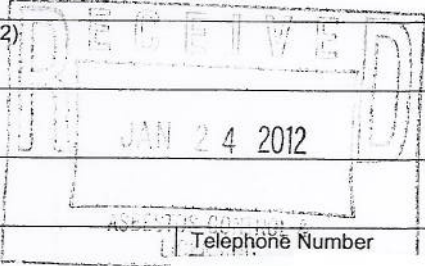
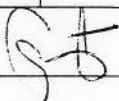
Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<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
BUILDING D		X		VAT	7,000 SF	X			
BUILDING D		X		PIPE INSULATION	200 LF	X			

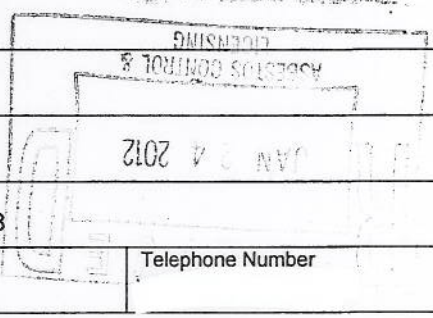
Name of Registered Waste Hauler TRI-STATE TRANSFER (TST)		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste 40 YARDS	Name of Registered Landfill MINERVA ENTERPRISES	
City, State BRONX, NY 10464		Disposal Date 01/25/2012		City, State WAYNESBURG, OH 44688	
Completed by ARIC DOMOZICK		Title VP BUSINESS OPERATIONS	Signature 		Date 01/13/2012

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

Date of Notification (1) 01-13-2012		Name of Building Owner/Operator (2) ST. MICHAEL'S HOSPITAL								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 CENTRAL AVENUE					City, State, Zip Code NEWARK, NJ 07102		
			Name of Contact ANDREW D. MASTIN					Telephone Number		
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) ST. MICHAEL'S HOSPITAL				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 111 CENTRAL AVENUE				Square Feet 6,500		# of Floors 1	Bldg. Age 93			
City (5) NEWARK		County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) HOSPITAL				
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICES			ASCM No.	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 280 HUYLER STREET				Street Address 11-02 QUEENS PLAZA SOUTH						
City, State, Zip Code SOUTH HACKENSACK, NJ 07606				City, State, Zip Code LONG ISLAND CITY, NY 11101						
Project Manager for Monitoring Firm GEISER FAJARDO			Telephone No. 201-489-8700	Telephone No. 718-349-0900		License No. 00853				
Start Date (10) 01/19/2012 NEW START DATE		Scheduled Completion Date (11) 02/08/2012		Name of OSHA Monitor ROLLAND BARNHART						
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: <u>ACCESS TO WORK AREAS WILL BE RESTRICTED DURING ABATEMENT</u>				Street Address 21 PERRINE AVENUE						
				City, State, Zip Code SOUTH AMBOY, NJ 08879						
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<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	
BUILDING D		X		VAT	7,000 SF	X				
BUILDING D		X		PIPE INSULATION	200 LF	X				
Name of Registered Waste Hauler TRI-STATE TRANSFER (TST)			NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste 40 YARDS	Name of Registered Landfill MINERVA ENTERPRISES					
City, State BRONX, NY 10464				Disposal Date 01/25/2012	City, State WAYNESBURG, OH 44688					
Completed by ARIC DOMOZICK		Title VP BUSINESS OPERATIONS		Signature 		Date 01/13/2012				

2379

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



Date of Notification (1) 1/19/12		Name of Building Owner/Operator (2) Greg Pouliot	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1095 Long Beach Boulevard	
		City, State, Zip Code Long Beach Township NJ 08008	
		Name of Contact Greg	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Greg Pouliot		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 1095 Long Beach Boulevard		Square Feet 1000+	# of Floors 1
City (5) Long Beach Township NJ 08008		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 2/1/12	Scheduled Completion Date (11) 2/7/12	Name of OSHA Monitor Pernaco 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 PO Box 329	
		City, State, Zip Code West Berlin NJ 08091	

Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<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) 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
Exterior Siding			x	Exterior Siding	1800 SF	x			

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 2/7/12		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 1/19/12

2197

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

Date of Notification (1) <u>1/19/12</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING 2012</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J.</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2113 SIMPSON AVE.</u>		Square Feet	# of Floors
City (5) <u>OCEAN CITY</u>		Bldg Age	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>

Start Date (10) <u>2/13/12</u>	Scheduled Completion Date (11) <u>2/20/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
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 <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply)

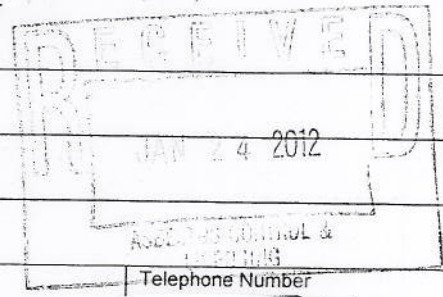
<input type="checkbox"/> >3 sf or >3 ll	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >2160 sf or >260 ll	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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	Encapsulation	Excavation
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 #</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.S.</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>1/19/12</u>

check #  
7633

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



Date of Notification (1) 01/18/2012		Name of Building Owner/Operator (2) Greg Hewett	
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 115 Washington Avenue
			City, State, Zip Code Morristown, NJ 07960
			Name of Contact Greg Hewett
			Telephone Number

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 115 Washington Avenue			Square Feet 2,200	# of Floors 2	Bldg. Age 50 +
City (5) Morristown			Current Use (Prior if being demolished) Residence		
County (6) Morris		County Code (7) (STATE USE ONLY) _____			

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.		
Street Address		Street Address 494 E. 41st Street			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-0022	License No. 00507	

Start Date (10) January 20, 2012	Scheduled Completion Date (11) January 23, 2012	Name of OSHA Monitor Same as 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: <u>Unoccupied Basement</u>		Street Address			
		City, State, Zip Code			

Scope of Work (Check All That Apply)

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

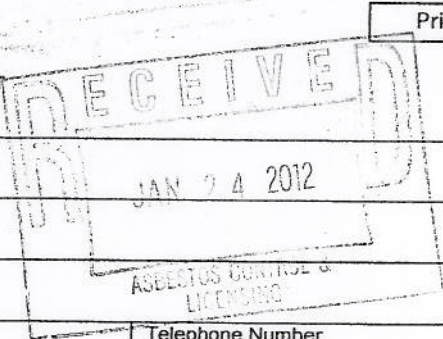
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	15 L.F.	X			

Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.	
City, State Paterson, NJ 07504			Disposal Date 01/23/2012	City, State Morrisville, PA	
Completed by James E. Unger		Title Project Manager	Signature 		Date 01/18/2012

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



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

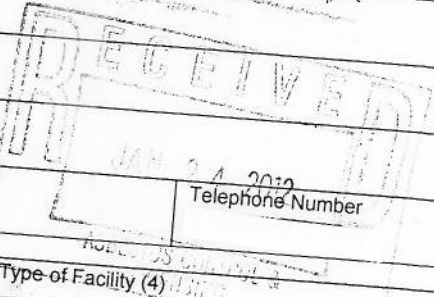


Date of Notification (1) 01/18/2012		Name of Building Owner/Operator (2) DEMETRIO GUTIERREZ							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 269- 24TH. STREET							
		City, State, Zip Code PATERSON N.J. 07514							
		Name of Contact DEMETRIO GUTIERREZ	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 269- 24TH. STREET PATERSON		Square Feet 1600	# of Floors 1						
City (5) PATERSON N.J.		Bldg. Age 1940							
County (6)	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) SHARON QUALITY CONSTRUCTION LLC						
Street Address		Street Address 22 VAN ORDEN PL							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201 -708- 4270	License No. 01135						
Start Date (10) 01/19/2012	Scheduled Completion Date (11) 01/19/2012	Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES							
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 2333RT 22 WEST							
		City, State, Zip Code UNION N.J.							
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
BASEMANT		X		PIPE INSULATION	28 LF.	X			
Name of Registered Waste Hauler DJM TRANSPORT INC		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill CUMBERLAND COUNTY LADFILL					
City, State KEARNY N.J.		Disposal Date 01/23/2012		City, State NEWBURG PA. 17242					
Completed by CARLOS ESQUIVEL		Title MANAGER	Signature 			Date 01/18/2012			

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

Print Form

*Check # 1748*



Date of Notification (1)  
1/17/2012

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

Type Notification:  Initial,  Amended,  Amendment #,  Emergency (including justification),  Cancellation

Name of Building Owner/Operator (2)  
Zufall Health Center

Street Address  
18 W. Blackwell Street

City, State, Zip Code  
Dover, NJ 07801

Name of Contact  
Eva Turbiner

Telephone Number

Name of Facility Where Abatement is Taking Place (3)  
Zufall Health Center

Street Address  
18 W. Blackwell Street

City (5)  
Dover, NJ 07801

County (6)  
Morris

County Code (7) (STATE USE ONLY)

Type of Facility (4):  School (K-12),  Subchapter 8 (Other than K-12),  Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 2500, # of Floors: 2, Bldg. Age: 70

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
Environmental Investigations, Inc.

ASCM No.

Name of Abatement Contractor (9)  
Pyramid Contracting Corp.

Street Address  
655 West Shore Trail

City, State, Zip Code  
Sparta, NJ 07871

Project Manager for Monitoring Firm  
Laura Wleczczak

Telephone No.  
973-729-5649

City, State, Zip Code  
Clifton, NJ 07013

Telephone No.  
973-689-6281

License No.  
01099

Start Date (10)  
1/18/2012

Scheduled Completion Date (11)  
3/31/2012

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours,  Other - Describe: 7:30am - 3:30pm

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply):  ≥3 sf or ≥3 lf,  ≥160 sf or ≥260 lf,  Renovation,  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)	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
First Floor			X	Ceiling Tiles	3,170 SF	X			
First Floor			X	Linoleum	450 SF	X			
First Floor			X	Radiator Insulation	150 SF	X			

Name of Registered Waste Hauler  
Pyramid Contracting Corp

City, State  
Morrisville, NJ 07013

NJDEP Waste Hauler ID No.  
32613

Cubic Yards of Waste  
1

Name of Registered Landfill  
GROWS

City, State  
Morrisville, PA

Disposal Date

Name of Registered Landfill

City, State  
Morrisville, PA

Completed by  
V. Golcev

Title  
V. President

Signature

Date  
1/17/2012

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

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

ASC # 1749



Date of Notification (1)  
1/16/2012

Name of Building Owner/Operator (2)  
Paul & Mary Hayes

Street Address  
8 North Terrace

City, State, Zip Code  
Maplewood, NJ 07040

Name of Contact  
Paul & Mary Hayes

Telephone Number

Agencies Notified

EPA  
 DEP  
 DOL

DOH  
 DCA

Type Notification

Initial  
 Amended  
 Amendment # \_\_\_\_\_

Emergency (including justification)  
 Cancellation

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Private Residence

Street Address  
8 North Terrace

City (5)  
Maplewood, NJ 07040

County (6)  
Essex County

County Code (7) (STATE USE ONLY)

Type of Facility (4)

School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
2500

# of Floors  
2

Bldg. Age  
70

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)  
Pyramid Contracting Corp.

Street Address  
163 Sargeant Ave

City, State, Zip Code  
Clifton, NJ 07013

Telephone No.  
973-689-6281

License No.  
01099

Start Date (10)  
1/18/2012

Scheduled Completion Date (11)  
1/19/2012

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: 8:00am - 4:00pm

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 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)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	90 LF	x			

Name of Registered Waste Hauler  
Pyramid Contracting Corp

NJDEP Waste Hauler ID No.  
32613

Cubic Yards of Waste  
1

Name of Registered Landfill  
GROWS

City, State  
Clifton, NJ 07013

Disposal Date

City, State  
Morrisville, PA

Completed by  
Dimo Golcev

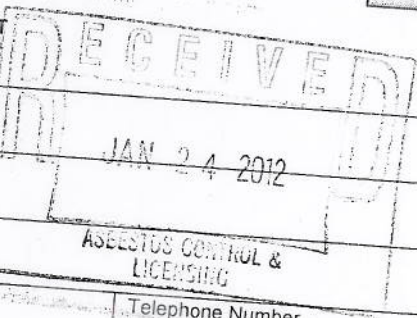
Title  
V. President

Signature  
*Dimo Golcev*

Date  
1/16/2012

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

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



Date of Notification (1)  
 01/18/12 Ck:1757 \$200

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Amendment #  
 Emergency (including justification)  
 Cancellation

Name of Building Owner/Operator (2)  
 Atlantic Health Systems

Street Address  
 100 Madison Avenue

City, State, Zip Code  
 Morristown, New Jersey 07962

Name of Contact  
 Michelle DiGangi

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
 Morristown Medical Center/ Sussex House

Street Address  
 100 Madison Avenue

City (5)  
 Morristown, New Jersey 07962

County (6)  
 Morris

County Code (7)  
 (STATE USE ONLY)

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
 30,000

# of Floors  
 2

Bldg. Age  
 55+

Current Use (Prior if being demolished)  
 Hospital

Name of Monitoring Firm Hired by Building Owner (8)  
 Birdsall Services Group

ASCM No.

Name of Abatement Contractor (9)  
 Lilich Corporation

Street Address  
 65 Jackson Drive

City, State, Zip Code  
 Cranford, New Jersey 07016

Street Address  
 606 McBride Avenue

City, State, Zip Code  
 Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm  
 Charles Shneekloth

Telephone No.  
 908-497-8900

Telephone No.  
 973-225-8400

License No.  
 01104

Start Date (10)  
 01/27/12

Scheduled Completion Date (11)  
 01/30/12

Name of OSHA Monitor  
 J&S Environmental Labs

Occupancy Status During Abatement (Check Only One)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: 8AM Start

Street Address  
 2333 Route 22 West

City, State, Zip Code  
 Union, New Jersey 07083

Scope of Work (Check All That Apply)  
 ≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 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)	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
2nd Floor Bathrooms		X		TransitePanelsNonFriableMetho	96 SF	X			
2nd Floor Bathrooms		X		VAT/No Mastic NonFriableMetho	49 SF	X			

Name of Registered Waste Hauler  
 Lilich Corporation

NJDEP Waste Hauler ID No.  
 18724

Cubic Yards of Waste  
 4

Name of Registered Landfill  
 G.R.O.W.S Landfill

City, State  
 Woodland Park, New Jersey 07424

Disposal Date  
 01/30/12

City, State  
 Morrisville, Pennsylvania

Name of Registered Waste Hauler  
 Lilich Corporation

Title  
 Vice President

Signature  
*Tatiana Kalenikova*

Date  
 01/18/12

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

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

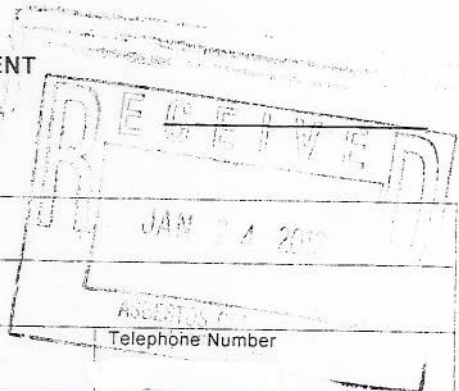
MO#19129319526

Date of Notification (1)

01/18/2012

Name of Building Owner/Operator (2)

Jose Abad



Agency Notified	Type Notification	Street Address	Telephone Number
<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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	92 New Brunswick Avenue City, State, Zip Code Woodbridge, NJ 08861 Name of Contact Jose Abad	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	<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	Square Feet # of Floors Bldg. Age
92 New Brunswick Avenue	
City (5)	
Woodbridge, NJ 08861	
County (6)	
Middlesex	

County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Middlesex	

Name of Monitoring Firm Hired by Building Owner(8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address
		576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code
		Wayne, NJ 07470

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		973-638-1777	01127

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
01/29/2012	01/30/2012	Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)	Street Address
<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:	20-21 Wagaraw Road, Bldg. # 34A
	City, State, Zip Code
	Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

>3 sf or >3 lf  
 ≥160 sf or >260 lf

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

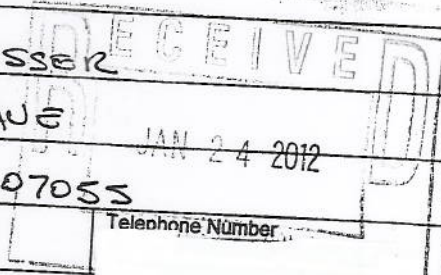
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	150 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785		T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470			Tullytown, PA

Completed by	Title	Signature	Date
N. Jevtic	Owner	<i>N. Jevtic</i>	01/18/2012

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

CIC 3329



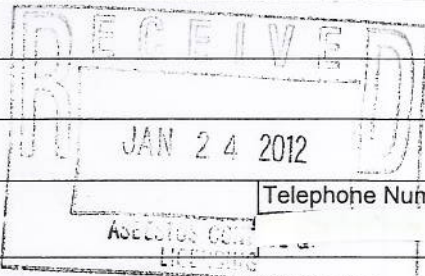
Date of Notification (1) 1/18/12		Name of Building Owner/Operator (2) MS. RUTH GLASSER					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 478 PASSAIC AVE					
		City, State, Zip Code PASSAIC . NJ. 07055					
Name of Facility Where Abatement is Taking Place (3) MS. GLASSER		Name of Contact MS. GLASSER					
Street Address 478 PASSAIC AVE		Telephone Number					
City (5) PASSAIC		FACILITY INFORMATION					
County (6) PASSAIC		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.)					
County Code (7) (STATE USE ONLY)		Square Feet 2100	# of Floors 2				
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 40 years					
ASCM No.		Current Use (Prior if being demolished) RESIDENCE					
Street Address		Name of Abatement Contractor (9) Best Removal Inc					
City, State, Zip Code		Street Address 450 South River St					
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack ,N.J. 07601					
Telephone No.		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 2/1/12	Scheduled Completion Date (11) 2/2/12		Name of OSHA Monitor Omega Environmental Services				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 280 Huyler St				
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			City, State, Zip Code South Hackensack ,N.J. 07606				
			<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) BASEMENT	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) 550 SF	Abatement Type		
	Yes	No			N/A	Removal	Repair
			VAT		X		
Name of Registered Waste Hauler DJM Transport , Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 3 1/2	Name of Registered Landfill Cumberland County Landfill			
City, State South Kearny N.J. 07032		Disposal Date 2/2/12		City, State Newburgh PA, 17242			
Completed by J. MAIORANO		Title Estimator	Signature <i>J. Maiorano</i>	Date 1/18/12			

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

STATE OF NEW JERSEY  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

#2212

Date of Notification (1) <b>January 20, 2012</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>138-144 Main Street</b>	
		City, State & Zip Code <b>Woodbridge, NJ 07095</b>	
		Name of Contact <b>Alex Baylor</b>	
		Telephone Number	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Woodbridge Central Office</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>138-144 Main Street</b>			Square Feet <b>20000</b>	# of Floors <b>3</b>	Bldg. Age
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Verizon Communication Center</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	

Scheduled Start Date (10) <b>2/6/12</b>	Scheduled Completion Date (11) <b>2/10/12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL 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 Hours - 7am to 3pm Describe: <b>7:00 AM - 4:00 PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>			
		City, State & Zip Code <b>BRISTOL, PA 19007</b>			

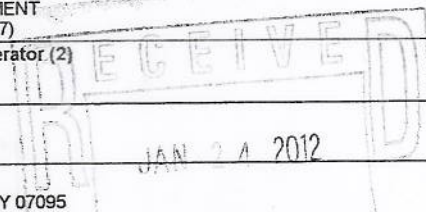
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Battery Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>700 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH 44688</b>		
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>1/20/12</b>

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



Date of Notification (1) 1 / 23 / 12		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified		Street Address 1 HESS PLAZA	
<input type="checkbox"/> EPA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #13 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
<input type="checkbox"/> DEP		Name of Contact DAVID CERULO	
<input checked="" type="checkbox"/> DOL		Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

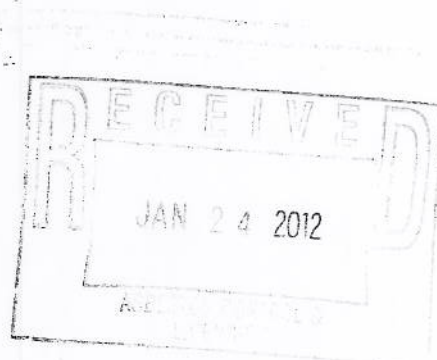
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 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) 11 / 7 / 11		Sched. Completion Date (11) 5 / 30 / 12	
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		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code WAPPINGERS FALLS, NY 12590		License Number 460	

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

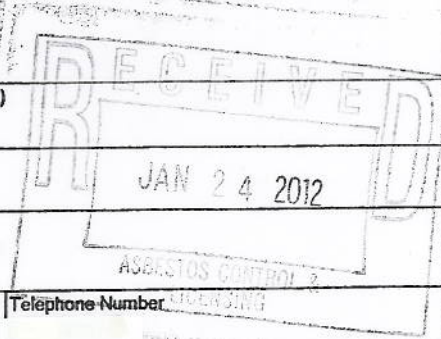


1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
11TH FLOOR -ENTIRE		X	VAT & MASTIC	8,000 SF	X		
11TH FLOOR -ENTIRE		X	JOINT COMPOUND	7,920 SF	X		
11TH FLOOR PERIMETER		X	COVE BASE MASTIC	55 SF	X		
11TH FLOOR-THROUGHOUT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

Name of Registered Waste Hauler DJM TRANSPORT , LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 100	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012	City/State MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 1/23/12



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



Date of Notification (1)  
 8 / 11

Name of Building Owner/Operator (2)  
 HESS CORPORATION

Street Address  
 1 HESS PLAZA

City, State, Zip Code  
 WOODBRIDGE, NEW JERSEY 07095

Name of Contact  
 DAVID CERULO

Telephone Number  
 [REDACTED]

Agencies Notified

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

Type Notification

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

FACILITY INFORMATION

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

Street Address  
 1 HESS PLAZA

City (5)  
 WOODBRIDGE

County (6)  
 MIDDLESEX

County Code (7)  
 (STATE USE ONLY)

Type of Facility (4)

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

Square Feet  
 187,000

# of Floors  
 13

Bldg. Age  
 42

Current Use (Prior if being demolished)  
 COMMERCIAL OFFICE

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

ASCM No.  
 17

Name of Abatement Contractor (9)  
 PAR ENVIRONMENTAL CORPORATION

Street Address  
 1600 ROUTE 22

Street Address  
 313 SPOOK ROCK ROAD

City, State, Zip Code  
 UNION, NEW JERSEY 07083

City, State, Zip Code  
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm  
 MIKE NEHLSSEN

Telephone Number  
 908-377-5644

Telephone Number  
 845-369-7500

License Number  
 460

Expected State Date (10)  
 6 / 22 / 11

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

Name of OSHA Monitor  
 QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

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

Street Address  
 1376 ROUTE 9 W

City, State, Zip Code  
 WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

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

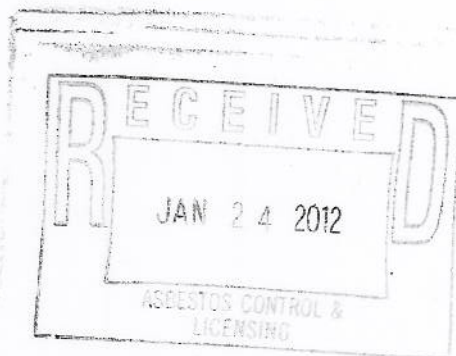
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

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	
by (Print or Type) MIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	Date 6/8/11



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

RECEIVED  
 JAN 24 2012  
 ASBESTOS CONTROL & LICENSING

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

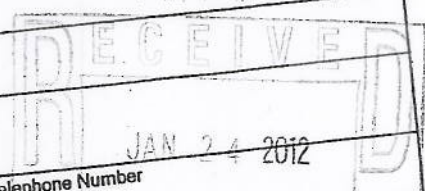
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4)		
Street Address 1 HESS PLAZA				<input type="checkbox"/> School (K-12)		
City (5) WOODBIDGE				<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) MIDDLESEX				<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
County Code (7) (STATE USE ONLY)				Square Feet 187,000	# of Floors 13	Bldg. Age 42
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL				Current Use (Prior if being demolished) COMMERCIAL OFFICE		
Street Address 1600 ROUTE 22				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code UNION, NEW JERSEY 07083				Street Address 313 SPOOK ROCK ROAD		
Project Manager for Monitoring Firm MIKE NEHLSSEN				City, State, Zip Code SUFFERN, NEW YORK 10901		
Telephone Number 908-377-5644				Telephone Number 845-369-7500		License Number 460
Expected State Date (10) 6 / 23 / 11		Sched. Completion Date (11) 5 / 30 / 12		Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one)				Street Address 1376 ROUTE 9 W		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				City, State, Zip Code WAPPINGERS FALLS, NY 12590		
<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						
Scope of Work (Check all that apply)				<input checked="" type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Mini-Enclos.		
<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		
<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	15 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	ly, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	Date 6/21/11

RECEIVED  
JAN 24 2012  
ASBESTOS CONTROL &  
LICENSING

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



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

111  
Type Notification

Initial Notification  
 Amended Notification #3  
 Cancellation  
 On Hold  
 EMERGENCY NOTIFICATION

Facility Where Abatement is Taking Place (3)

**FACILITY INFORMATION**

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (ie. private & commcl. bldgs., homes, etc.)

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

Address  
**HESS PLAZA**

County (6)  
**MIDDLESEX**

County Code (7)  
**(STATE USE ONLY)**

ASCM No.  
**17**

Current Use (Prior if being demolished)  
**COMMERCIAL OFFICE**

Name of Abatement Contractor (9)  
**PAR ENVIRONMENTAL CORPORATION**

Name of Monitoring Firm Hired by Building Owner (8)  
**PAR ENVIRONMENTAL CORPORATION**

Street Address  
**313 SPOOK ROCK ROAD**

City, State, Zip Code  
**SUFFERN, NEW YORK 10901**

Telephone Number  
**845-369-7500**

License Number  
**-460**

Project Manager for Monitoring Firm  
**KE NEHLSSEN**

Telephone Number  
**908-377-5644**

Expected State Date (10)  
**6 / 23 / 11**

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

Name of OSHA Monitor  
**QUALITY ENVIRONMENTAL**

Street Address  
**1376 ROUTE 9 W**

City, State, Zip Code  
**WAPPINGERS FALLS, NY 12590**

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 - 2:30 AM**

Full Containment with Negative Pressure  
 Mini-Enclos.  
 Glovebag Procedure  
 Non-Friable Procedure

Scope of Work (Check all that apply)  
 Demolition  
 >3SF OR LF  
 >160 SF OR

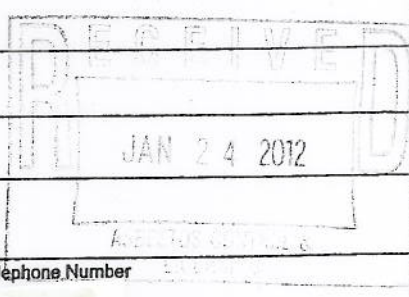
Renovation

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
			X	VAT & MASTIC	8,005 SF	X			
			X	PIPE FITTINGS	75 LF	X			
			X	JOINT COMPOUND	12,180 SF	X			
			X	COVE BASE MASTIC	495 SF	X			
			X	TAR	25 SF	X			
			X	VAT & MASTIC	8,005 SF	X			
			X	COVE BASE MASTIC	495 SF	X			
			X	JOINT COMPOUND	12,180 SF	X			
			X	TAR	25 SF	X			
			X	PIPE FITTINGS INSULATION	380 LF	X			
			X	VAT & MASTIC	12,425 SF	X			
			X	COVE BASE MASTIC	495 SF	X			
			X	JOINT COMPOUND	18,820 SF	X			
			X	ACCOUSTICAL PLASTER	7,275 SF	X			
			X	TAR	25 SF	X			
			X	PIPE FITTINGS INSULATION	200 LF	X			
			X	DUCT INSULATION	665 SF	X			
			X	PIPE FITTINGS INSULATION	207 LF	X			
			X	VIBRATION CLOTH	4 SF	X			
			X	GASKETS	10 SF	X			
			X	PIPE FITTINGS INSULATION	45 LF	X			
			X	DUCT INSULATION	240 SF	X			
			X	VAT & MASTIC	3,000 SF	X			
			X	JOINT COMPOUND	5,700 SF	X			
			X	COVE BASE MASTIC	175 SF	X			
			X	PIPE INSULATION	25 LF	X			
			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 3:60-7 and 12:120-7)



Date of Notification (1)  
8 / 22 / 11

Agencies Notified

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

Type Notification

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

Name of Building Owner/Operator (2)  
**HESS CORPORATION**

Street Address  
**1 HESS PLAZA**

City, State, Zip Code  
**WOODBIDGE, NEW JERSEY 07095**

Name of Contact  
**DAVID CERULO**

Telephone Number

**FACILITY INFORMATION**

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

Street Address  
**1 HESS PLAZA**

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**

Project Manager for Monitoring Firm  
**MIKE NEHLESEN**

Telephone Number  
**908-377-5644**

Expected State Date (10)  
6 / 23 / 11

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

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>MON. - FRI. 6:00 PM - 2:30 AM</b>

Scope of Work (Check all that apply)

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

Type of Facility (4)

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

Square Feet  
**187,000**

# of Floors  
**13**

Bldg. Age  
**42**

Current Use (Prior if being demolished)  
**COMMERCIAL OFFICE**

Name of Abatement Contractor (9)  
**PAR ENVIRONMENTAL CORPORATION**

Street Address  
**313 SPOOK ROCK ROAD**

City, State, Zip Code  
**SUFFERN, NEW YORK 10901**

Telephone Number  
**845-369-7500**

License Number  
**460**

Name of OSHA Monitor  
**QUALITY ENVIRONMENTAL**

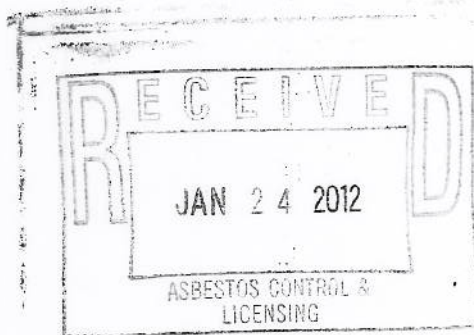
Street Address  
**1376 ROUTE 9 W**

City, State, Zip Code  
**WAPPINGERS FALLS, NY 12590**

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

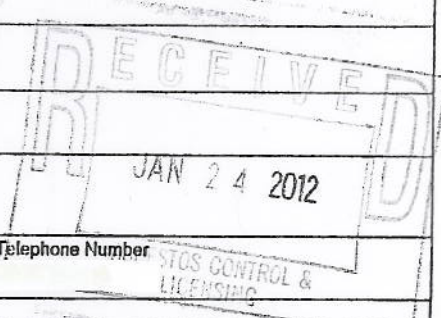


Registered Waste Hauler TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS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



State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 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	
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		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 SUFFERN, NEW YORK 10901	
City, State, Zip Code UNION, NEW JERSEY 07083		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460	
Project Manager for Monitoring Firm MIKE NEHLSSEN		Sched. Completion Date (11) 5 / 30 / 12	Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Expected State Date (10) 6 / 23 / 11		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 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-Encls. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
--	--	--	--

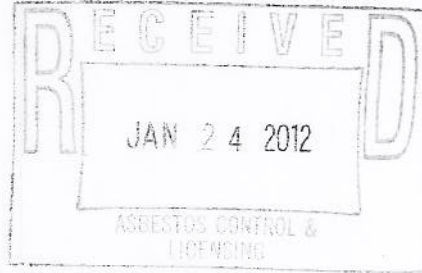
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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			

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	Date 8/25/11
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Handwritten Signature]</i>	



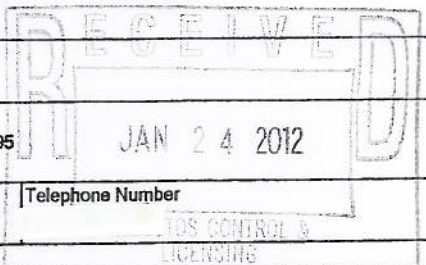


Registered Waste Hauler TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS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



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

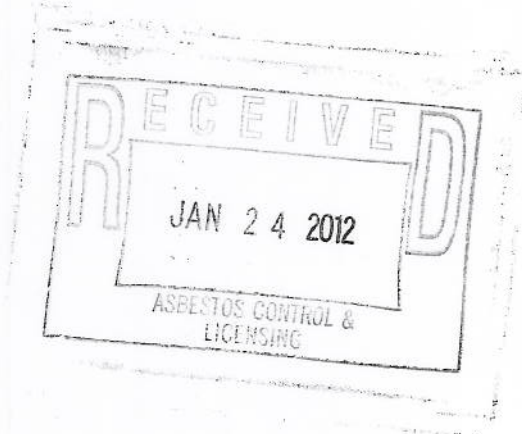
Date of Notification (1) 9 / 26 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified		Street Address 1 HESS PLAZA	
Type Notification		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact DAVID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



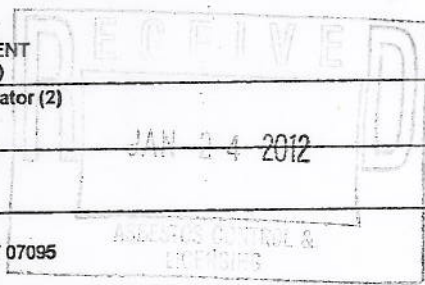
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4)	
Street Address 1 HESS PLAZA				<input type="checkbox"/> School (K-12)	
City (5) WOODBIDGE				<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Current Use (Prior if being demolished) COMMERCIAL OFFICE		Square Feet 187,000	# of Floors 13	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 NEHLSSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 6 / 23 / 11		Schd. Completion Date (11) 5 / 30 / 12		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one)				Street Address 1376 ROUTE 9 W	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				City, State, Zip Code WAPPINGERS FALLS, NY 12590	
<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					
Scope of Work (Check all that apply)				<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition				<input type="checkbox"/> Mini-Enclos.	
<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			
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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			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			

2ND FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
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>[Handwritten 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

Street Address  
 1 HESS PLAZA

City, State, Zip Code  
 WOODBRIDGE, NEW JERSEY 07095

Name of Contact  
 DAVID CERULO

Telephone Number

Agencies Notified

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

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #8
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address  
 1 HESS PLAZA

Square Feet  
 187,000

# of Floors  
 13

Bldg. Age  
 42

City (5)  
 WOODBRIDGE

County (6)  
 MIDDLESEX

County Code (7)  
 (STATE USE ONLY)

Current Use (Prior if being demolished)  
 COMMERCIAL OFFICE

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

ASCM No.  
 17

Name of Abatement Contractor (9)  
 PAR ENVIRONMENTAL CORPORATION

Street Address  
 1600 ROUTE 22

Street Address  
 313 SPOOK ROCK ROAD

City, State, Zip Code  
 UNION, NEW JERSEY 07083

City, State, Zip Code  
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm  
 MIKE NEHLSSEN

Telephone Number  
 908-377-5644

Telephone Number  
 845-369-7500

License Number  
 460

Expected State Date (10)  
 6 / 23 / 11

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

Name of OSHA Monitor  
 QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MON. - FRI. 6 PM - 2:30 AM SAT. & SUN 7AM-3:30PM

Street Address  
 1376 ROUTE 9 W

City, State, Zip Code  
 WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	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			



2ND FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
2ND FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT, LLC		NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL			
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BJS</i>			Date 9/28/11		



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

Date of Notification (1) 10 / 14 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified		Street Address 1 HESS PLAZA	
Type Notification		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact DAVID CERULO	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number ASBESTOS CONTROL & ABATEMENT	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	RECEIVED JAN 24 2012	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold #9		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4)	
Street Address 1 HESS PLAZA		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) WOODBIDGE		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Square Feet 187,000	# of Floors 13
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL	ASCM No. 17	Bldg. Age 42	Current Use (Prior if being demolished) COMMERCIAL OFFICE
Street Address 1600 ROUTE 22	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code UNION, NEW JERSEY 07083	Street Address 313 SPOOK ROCK ROAD		
Project Manager for Monitoring Firm MIKE NEHLSSEN	Telephone Number 908-377-5644	City, State, Zip Code SUFFERN, NEW YORK 10901	Telephone Number 845-369-7500
Expected State Date (10) 6 / 23 /11	Sched. Completion Date (11) 5 / 30 /12	License Number 460	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 SAT. & SUN 7AM-3:30PM

Street Address  
1376 ROUTE 9 W

City, State, Zip Code  
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

Demolition

Renovation

>3SF OR LF

>160 SF OR

Full Containment with Negative Pressure

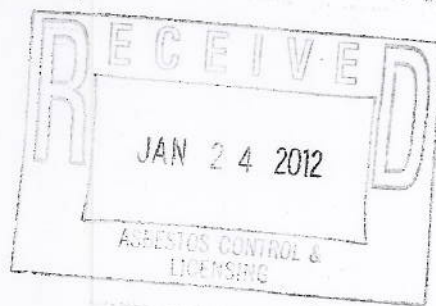
Mini-Enclos.

Glovebag Procedure

Non-Friable Procedure

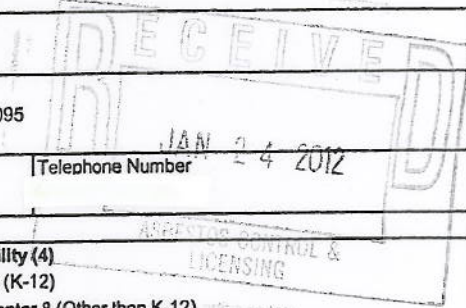
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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			
3RD 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			

2ND FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
2ND FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler 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>BSS</i>	Date 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		Street Address 1 HESS PLAZA	
Type Notification		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact DAVID CERULO	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification # 10	Telephone Number 24 2012	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		



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

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

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

Project Manager for Monitoring Firm MIKE NEHLSSEN	Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 11 / 7 /11	Sched. Completion Date (11) 5 / 30 / 12	Name of OSHA Monitor QUALITY ENVIRONMENTAL	

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

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-Enclos.	
<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	

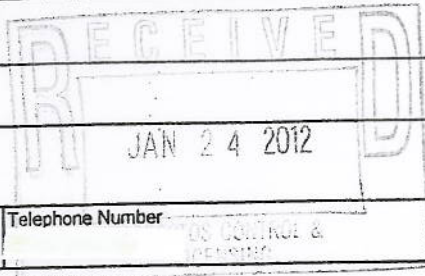
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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			
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 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>BSS</i>	Date 11/4/11				



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80-7 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>		<b>Street Address</b> 1 HESS PLAZA	
<b>Type Notification</b>		<b>City, State, Zip Code</b> WOODBRIIDGE, NEW JERSEY 07095	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>Name of Contact</b> DAVID CERULO	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification # 10	<b>Telephone Number</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		



<b>Name of Facility Where Abatement is Taking Place (3)</b> HESS PLAZA				<b>Type of Facility (4)</b>		
<b>Street Address</b> 1 HESS PLAZA				<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>City (5)</b> WOODBRIIDGE		<b>County (6)</b> MIDDLESEX	<b>County Code (7) (STATE USE ONLY)</b>	<b>Square Feet</b> 187,000	<b># of Floors</b> 13	<b>Bldg. Age</b> 42
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> HILLMANN ENVIRONMENTAL			<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION		
<b>Street Address</b> 1600 ROUTE 22				<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> UNION, NEW JERSEY 07083				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> MIKE NEHLSSEN		<b>Telephone Number</b> 908-377-5644		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460	
<b>Expected State Date (10)</b> 11 / 7 /11		<b>Sched. Completion Date (11)</b> 5 / 30 / 12		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL		
<b>Occupancy Status During Abatement (Check only one)</b>				<b>Street Address</b> 1378 ROUTE 9 W		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				<b>City, State, Zip Code</b> WAPPINGERS FALLS, NY 12590		
<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>Scope of Work (Check all that apply)</b>				<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition				<input type="checkbox"/> Mini-Enclos.		
<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		
<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			
3RD 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			
2ND FLOOR- 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			
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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		
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 11/2/11				

