


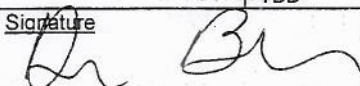
NOTIFICATION OF ASBESTOS ABATEMENT I
(Pursuant to N.J.A.C. 8:60 and 12:120)

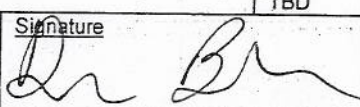
Date of Notification (1) 4/4/2012		Name of Building Owner/Operator (2) FEINBURG&MCBURNERY	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Notification Amendment # <u>2</u> () Emergency (including justification) () Cancellation	
Street Address 1874 E. MARLTON PIKE		City, State, Zip Code CHERRY HILL, NJ 08003	
Name of Contact STEPHANIE RIPA		Tel Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CVS		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address HOOPER RD & DRUM POINT RD		Sq. Feet <u>7500</u> # of Floors <u>2</u>	
City (5) BRICK	County (6) OCEAN	County Code (7) (State Use Only)	
Name of Monitoring Firm VERTEX		ASCM No.	
Street Address 700 TURNER WAY, SUITE 105		Name of Contractor (9) Alliance Environmental Systems	
City, State, Zip Code ASTON, PA 19014		Street Address 550 East Union Street	
Project Manager for Monitoring Firm DON HEIM		City, State, Zip Code West Chester, PA 19382	
Telephone Number 6107870402		Telephone Number 610-701-9000	License Number 00508
Scheduled Start Date (10) 4/23/2012		Scheduled Completion Date (11) 5/11/2012	
Name of OSHA Monitor VERTEX		Street Address 700 TURNER WAY, SUITE 105	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____		City, State, Zip Code ASTON, PA 19014	
Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
RESTAURANT BASEMENT		FLUE PACKING	7SF
RESTAURANT EXTERIOR		STUCCO	1,344SF
RESTAURANT BASEMENT	X	TRANSITE	6SF
RESTAURANT BASEMENT	X	PIPE INSULATION	8LF
RESTAURANT COAT RM	X	VAT&MASTIC	48SF
RESTAURANT	X	VAT&MASTIC	800SF
RESTAURANT ROOF	X	DUCT INSULATION	675SF
RENTAL ROOF	X	SHINGLES	240SF
RENTAL KITCHEN	X	VAT&MASTIC	325SF
BEER BLDG EXTERIOR	X	CAULK	58LF
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 100
City, State Hazelton, PA		Name of Reg. Landfill BFI Imperial	
Completed by (Print or Type) DEVIN BLOM		Title Estimator	Signature 
Date 4/27/2012		Disp. Date TBD	

Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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Date of Notification (1) 4/4/2012			Name of Building Owner/Operator (2) FEINBURG&MCBURNIEY		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		Street Address 1874 E. MARLTON PIKE	
				City, State, Zip Code CHERRY HILL, NJ 08003	
				Name of Contact STEPHANIE RIPA	
				Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CVS			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address HOOPER RD & DRUM POINT RD			Sq. Feet <u>7500</u> # of Floors <u>2</u>		
City (5) BRICK	County (6) OCEAN	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm VERTEX		ASCM No.	Name of Contractor (9) Alliance Environmental Systems		
Street Address 700 TURNER WAY, SUITE 105			Street Address 550 East Union Street		
City, State, Zip Code ASTON, PA 19014			City, State, Zip Code West Chester, PA 19382		
Project Manager for Monitoring Firm DON HEIM		Telephone Number 6107870402	Telephone Number 610-701-9000		License Number 00508
Scheduled Start Date (10) 4/23/2012		Scheduled Completion Date (11) 5/11/2012		Name of OSHA Monitor VERTEX	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			Street Address 700 TURNER WAY, SUITE 105		
Describe Other -			City, State, Zip Code ASTON, PA 19014		
Source of Work (Check all that apply)					
() Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose	
RESTAURANT BASEMENT		FLUE PACKING	7SF	X	
RESTAURANT EXTERIOR		STUCCO	1,344SF	X	
RESTAURANT BASEMENT		TRANSITE	6SF	X	
RESTAURANT BASEMENT		PIPE INSULATION	8LF	X	
RESTAURANT COAT RM		VAT&MASTIC	48SF	X	
RESTAURANT ROOF		DUCT INSULATION	675SF	X	
RENTAL ROOF		SHINGLES	240SF	X	
RENTAL KITCHEN		VAT&MASTIC	325SF	X	
BEER BLDG EXTERIOR		CAULK	58LF	X	
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 100		Name of Reg. Landfill BFI Imperial
City, State Hazleton, PA			Disp. Date TBD		City, State Imperial, PA
Completed by (Print or Type) DEVIN BLOM		Title Estimator	Signature 		Date 4/17/2012

<u>Date of Notification (1)</u> 4/4/2012		<u>Name of Building Owner/Operator (2)</u> FEINBURG&MCBURNIEY	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation	
		<u>Street Address</u> 1874 E. MARLTON PIKE <u>City, State, Zip Code</u> CHERRY HILL, NJ 08003 <u>Name of Contact</u> STEPHANIE RIPA	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> CVS		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> HOOPER RD & DRUM POINT RD		<u>Sq. Feet</u> 7500 <u># of Floors</u> 2	
<u>City (5)</u> BRICK	<u>County (6)</u> OCEAN	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> VACANT
<u>Name of Monitoring Firm</u> VERTEX		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems
<u>Street Address</u> 700 TURNER WAY, SUITE 105		<u>Street Address</u> 550 East Union Street	
<u>City, State, Zip Code</u> ASTON, PA 19014		<u>City, State, Zip Code</u> West Chester, PA 19382	
<u>Project Manager for Monitoring Firm</u> DON HEIM	<u>Telephone Number</u> 6107870402	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 4/18/2012	<u>Scheduled Completion Date (11)</u> 5/11/2012	<u>Name of OSHA Monitor</u> VERTEX	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 700 TURNER WAY, SUITE 105	
<u>Describe</u> Other -		<u>City, State, Zip Code</u> ASTON, PA 19014	
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
RESTAURANT BASEMENT		FLUE PACKING	7SF
RESTAURANT EXTERIOR		STUCCO	1,344SF
RESTAURANT BASEMENT		TRANSITE	6SF
RESTAURANT BASEMENT		PIPE INSULATION	8LF
RESTAURANT COAT RM		VAT&MASTIC	48SF
RESTAURANT ROOF		DUCT INSULATION	675SF
RENTAL ROOF		SHINGLES	240SF
RENTAL KITCHEN		VAT&MASTIC	325SF
BEER BLDG EXTERIOR		CAULK	58LF
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 100
<u>City, State</u> Hazelton, PA		<u>Disp. Date</u> TBD	<u>Name of Reg. Landfill</u> BFI Imperial
<u>Completed by (Print or Type)</u> DEVIN BLOM		<u>Title</u> Estimator	<u>Signature</u> 
		<u>Date</u> 4/4/2012	

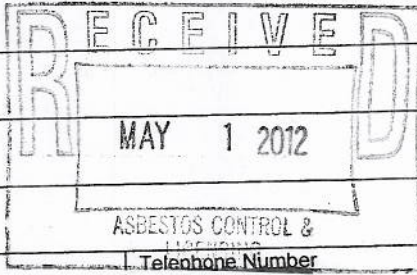
Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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



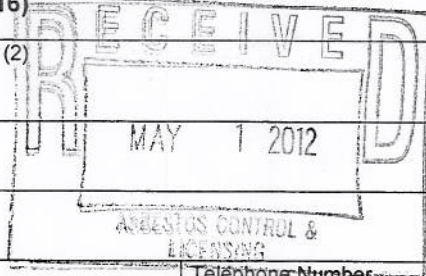
Date of Notification (1) 7/27/2012		Name of Building Owner/Operator (2) U. S. Coast Guard						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Munro Avenue						
		City, State, Zip Code Cape May, NJ 08204						
		Name of Contact Doug Quinley						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Base Housing		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 Unit 1611 E		Square Feet 1200	# of Floors 2					
City (5) Cape May		Bldg. Age 45						
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. _____	Name of Abatement Contractor (9) AEi2					
Street Address 318 12th Street		Street Address 300 South Lenola Road						
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-839-2432	Telephone No. 609-481-2122					
License No. 00689								
Start Date (10) 5/7/2012	Scheduled Completion Date (11) 5/8/2012	Name of OSHA Monitor AEi2						
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 300 South Lenola Road						
		City, State, Zip Code Maple Shade, NJ 08052						
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 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
1st Floor Bathroom			xxx	VAT	20	xxx		
2nd Floor Bathroom			xxx	VAT	25	xxx		
Name of Registered Waste Hauler American Disposal Systems, Inc.		NJDEP Waste Hauler ID No. 20213	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management				
City, State Lumberton, NJ		Disposal Date 5/9/2012	City, State Morrisville, PA					
Completed by BERNARD D. MCKENNA, JR		Title GENERAL MANAGER	Signature 	Date 7/27/2012				

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60-12:120)

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Date of Notification (1) 04/27/2012		Name of Building Owner/Operator (2) CSX Corporation					
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Type Notification (X) Initial () Amended Amendment # () Emergency (including justification) () Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact David Ohr Tel. Number					
Name of Facility Where Abatement is Taking Place (3) Conrail Railyard - Camden Yard		FACILITY INFORMATION					
Street Address 626 27 th Street		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Camden, NJ 08105	Sq. Feet 576	# of Floors 3	Bldg. Age 30+				
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Service					
Name of Monitoring Firm Hired by Bldg. Owner (8) Shaw Environmental, Inc.	ASCM No.	Name of Contractor (9) Prism Response, Inc.					
Street Address 128 South Tryon Street - Interstate Tower		Street Address 102 Technology Lane					
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632					
Project Manager for Monitoring Firm Gary Wyrwa	Telephone No. 732-939-3707	Telephone No. (724-325-3330)	License No. 01121				
Start Date (10) 5/7/2012	Scheduled Completion Date (11) 5/9/2012						
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours Describe: () Other Describe:		Name of OSHA Monitor Shaw Environmental, Inc.					
Source of Work (Check all that apply) (X) ≥3 sf or ≥3 lf () ≥160 sf or ≥260 lf (X) Renovation () Demolition () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure (X) Non-Exempted (*) and Non-Friable Procedure		Street Address 128 South Tryon Street - Interstate Tower City, State, Zip Code Charlotte, NC 28202					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 23SF 1SF 15SF 60 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Camden Hump Tower		X	VAT				
Camden Hump Tower		X	Firestop Puddy	X			
Camden Hump Tower		X	Caulking/Glazing	X			
Camden Maintainer Box		X	Transite Panels	X			
Name of Reg. Waste Hauler Waste Management	NJDEP Waste Hauler ID # SW1724	Cubic Yards of Waste 1	Name of Reg. Landfill Grand Central Sanitary Landfill				
City, State Camden, New Jersey	Disp. Date 4/27/12		City, State Penn Arg, PA				
Completed by (Print or Type) Jessica Busch	Title Administrative Support	Signature <i>Jessica Busch</i>			Date 4/27/2012		

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



Date of Notification (1) 03 / 29 / 12		Name of Building Owner/Operator (2) PSEG							
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 # 3-4/27/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Park Plaza							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Kelly McKinney							
Telephone Number 973-246-1234									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Nuclear		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 End of Alloway Creek Neck Rd.		Square Feet							
City (5) Hancocks Bridge		# of Floors							
County (6) Salem		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Exterior work on interior of cooling tower							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.							
Street Address		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm		City, State, Zip Code BRISTOL, PA 19007							
Telephone No.		Telephone No. 215-788-6040							
Start Date (10) 04 / 16 / 12		License No. 00509							
Scheduled Completion Date (11) 05 / 1 / 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							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
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
Hope Creek Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genreal Area beneath tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite debris clean up	200 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 C&H Disposal Service Inc.		NJDEP Waste Hauler ID No. 7903		Cubic Yards of Waste 15	Name of Registered Landfill Salem Co Improve. Auth. Solid Waste Div				
City, State Elmer, NJ		Disposal Date 4/23/2012		City, State Alloway, NJ					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 4/27/12			

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



Date of Notification (1) <u>03</u> / <u>29</u> / <u>12</u>		Name of Building Owner/Operator (2) PSEG	
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 # <u>2-4/23/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Park Plaza	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Kelly McKinney	
		Telephone Number 973-421-1227	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Nuclear		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 End of Alloway Creek Neck Rd.			
City (5) Hancocks Bridge		Square Feet	# of Floors
County (6) Salem		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Exterior work on interior of cooling tower	

Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address		Street Address 1123 BEAVER STREET		
City, State, Zip Code		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>04</u> / <u>16</u> / <u>12</u>	Scheduled Completion Date (11) <u>04</u> / <u>27</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
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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: <u>7:00AM-3:30PM</u> PM-___ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

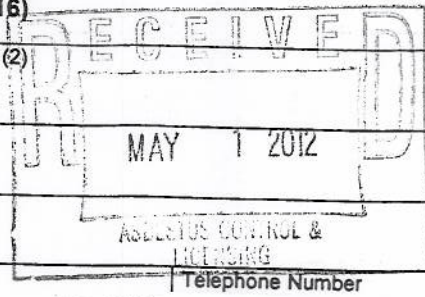
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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
Hope Creek Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genreal Area beneath tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite debris clean up	200 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 C&H Disposal Service Inc.		NJDEP Waste Hauler ID No. 7903	Cubic Yards of Waste 15	Name of Registered Landfill Salem Co Improve. Auth. Solid Waste Div	
City, State Elmer, NJ		Disposal Date 4/23/2012		City, State Alloway, NJ	

Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>	Date 4/23/12
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 03 / 29 / 12		Name of Building Owner/Operator (2) PSEG	
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 #1-4/9/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Park Plaza City, State, Zip Code Newark, NJ 07102 Name of Contact Kelly McKinney Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Nuclear		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 End of Alloway Creek Neck Rd.		Square Feet # of Floors Bldg. Age	
City (5) Hancocks Bridge		Current Use (Prior if being demolished) Exterior work on interior of cooling tower	
County (6) Salem	County Code (7)(STATE USE ONLY)	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Name of Monitoring Firm Hired by Building Owner (8) NA		Street Address 1123 BEAVER STREET	
Street Address		City, State, Zip Code BRISTOL, PA 19007	
City, State, Zip Code		Telephone No. 215-788-6040	License No. 00509
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Start Date (10) 04 / 16 / 12	Scheduled Completion Date (11) 04 / 23 / 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 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"/> 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
Hope Creek Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genreal Area beneath tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite debris clean up	200 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"/>

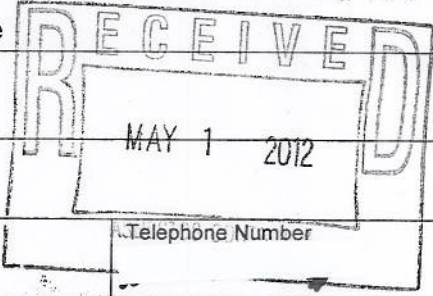
Name of Registered Waste Hauler C&H Disposal Service Inc.		NJDEP Waste Hauler ID No. 7903	Cubic Yards of Waste 15	Name of Registered Landfill Salem Co Improve. Auth. Solid Waste Div	
City, State Elmer, NJ		Disposal Date 4/23/2012	City, State Alloway, NJ		
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni / jhl</i>	Date 4/9/12		

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

Date of Notification (1) 03 / 29 / 12		Name of Building Owner/Operator (2) PSEG		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY 1 2012 ASBESTOS CONTROL & LICENSE </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <i>3214</i> <input checked="" type="checkbox"/> DHSS <i>3207</i> <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 80 Park Plaza			
		City, State, Zip Code Newark, NJ 07102				Name of Contact Kelly McKinney			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Nuclear				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 End of Alloway Creek Neck Rd.				Square Feet					
City (5) Hancocks Bridge				# of Floors					
County (6) Salem				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Exterior cooling tower							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address				Street Address 1123 BEAVER STREET					
City, State, Zip Code				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 215-788-6040					
Start Date (10) 04 / 16 / 12		Scheduled Completion Date (11) 04 / 23 / 12		License No. 00509					
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				Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
				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 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
Hope Creek Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genreal Area beneath tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite debris clean up	200 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 15	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date 4/23/2012		City, State WAYNESBURG, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Ernest DeCaro / jf</i>		Date 3/29/12			

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

Check # 6725

Date of Notification (1) 4/27/12		Name of Building Owner/Operator (2) Mercer County Community College	
Agencies Notified	Type of Notification	Street Address	
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	1200 Old Trenton Road City, State, Zip Code West Windsor, NJ 08550	
		Name of Contact Fred Carella Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kearney Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 102 North Broad St.			Square Feet 20000	# of Floors 4	Bldg. Age ~65
City (5) Trenton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College classrooms		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 116 Tices Lane, Unit B-1		Street Address 3 Lynn Court			
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 5/7/12	Sched. Completion Date (11) 5/31/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

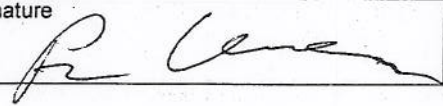
Scope of Work (Check all that apply)

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

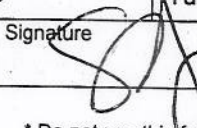
☐ Renovation

- ☐ Full Containment with Negative Pressure
☒ Mini – Enclosure
☐ Glovebag Procedure
☒ Non – Friable Procedure

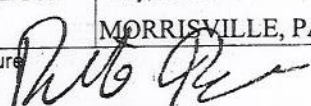
Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Fourth floor		x		VAT and mastic	2900 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 8	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 5/30/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 4/27/12

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

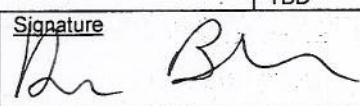
Date of Notification (1) 04/26/2012		Name of Building Owner/Operator (2) County of Monmouth / Dept of Buildings & Grounds							
Agencies Notified	Type Notification	Street Address 250 Center Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Freehold, NJ 07728							
		Name of Contact Charles Allia							
<div style="text-align: center;"> RECEIVED MAY 1 2012 ASBESTOS CONTROL & LICENSING </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Monmouth County Courthouse		Type of Facility (4)							
Street Address 71 Monument Park		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Freehold		Square Feet N/A	# of Floors N/A						
County (6) Monmouth		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) courthouse							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 120 North Warren Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	Telephone No. 973-345-8685						
License No. 00675									
Start Date (10) 05/04/2012	Scheduled Completion Date (11) 05/06/2012	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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:		City, State, Zip Code Totowa, NJ 07512							
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"/> Renovation <input type="checkbox"/> Demolition									
<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									
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
Mechanical / Air Handler Room	X			Unit 1	38 LF	X			
Mechanical / Air Handler Room	X			Unit 3	12 LF	X			
Mechanical / Air Handler Room	X			Unit 4	40 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20886	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Susan Brkusanin		Title Project Manager		Signature 			Date 04/09/2012		

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

Date of Notification (1) 04/27/2012		Name of Building Owner/Operator (2) Watchung Hills Regional High School						
Agency Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #	108 Stirling Road						
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Warren, NJ 07059						
		Name of Contact Tim Stys	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Watchung Hills Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 108 Stirling Road		Square Feet 20000+ SF	# of Floors 50+					
City (5) Warren, NJ 07059		Bldg. Age						
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants	ASCM No. 0057	Name of Abatement Contractor (9) RICI CORP						
Street Address P.O. Box 385		Street Address 41 LIBERTY STREET						
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code PASSAIC, NJ 07055						
Project Manager for Monitoring Firm Domenic D'Errico	Telephone No. 609-652-1833	Telephone No. 973-614-1266	License No. 00838					
Start Date (10) 05/01/2012	Scheduled Completion Date (11) 06/01/2012	Name of OSHA Monitor RICI CORP						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe Occupied 6am to 2pm		Street Address 41 LIBERTY STREET						
		City, State, Zip Code PASSAIC, NJ 07055						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 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 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
Large Group Instruction Room Vestibule		x		Glue Dot asso. with 1 X 1 Ceiling Tiles	20 SF	x		
Large Group Instruction Room		x		9 X 9 Floor tiles and mastic (beneath carpets & runners)	1100 SF	x		
Large Group Instruction Room		x		Textured Ceiling plaster	4500 SF	x		
Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL			
City, State PASSAIC, NJ				Disposal Date TBD	City, State MORRISVILLE, PA			
Completed by RISTO TRAJKOV		Title PRESIDENT		Signature 			Date 04/27/2012	

No
check

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

Date of Notification (1) 1/30/2012			Name of Building Owner/Operator (2) OAK STREET, LLC		
Agencies Notified (X) EPA () DEP. (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Notification Amendment # <u>2</u> () Emergency (including justification) () Cancellation		Street Address 65 MEMORIAL ROAD SUITE 380 City, State, Zip Code WEST HARTFORD, CT 06107	
				Name of Contact CHRIS TRACANNA	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 50 OAK			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 50 OAK STREET			Sq. Feet <u>100000</u> # of Floors <u>2</u>		
City (5) EAST RUTHERFORD	County (6) BERGEN	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm EHS INC		ASCM No.	Name of Contractor (9) Alliance Environmental Systems		
Street Address 9 MAIN STREET		Street Address 550 East Union Street			
City, State, Zip Code MULLICA HILL, NJ		City, State, Zip Code West Chester, PA 19382			
Project Manager for Monitoring Firm JACK CARNEY		Telephone Number 8562230080	Telephone Number 610-701-9000	License Number 00508	
Scheduled Start Date (10) 2/20/2012		Scheduled Completion Date (11) 5/01/2012		Name of OSHA Monitor EHS, INC	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____			Street Address 9 MAIN STREET City, State, Zip Code MULLICA HILL, NJ		
Source of Work (Check all that apply)					
() Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () 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) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
ROOF		ROOFING	92500sf	X	
1ST AND 2ND FLOORS		PIPE INSULATION	460LF	X	
1ST AND 2ND FLOORS		VAT&MASTIC	12110SF	X	
LOADING DOCK		TAR	27SF	X	
ROOM B1-46		INCINERATOR PACKING	100SF	X	
ROOM B1-41		TRANSITE PANEL	670SF	X	
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 1700	Name of Reg. Landfill BFI Imperial	
City, State Hazleton, PA		Disp. Date TBD		City, State Imperial, PA	
Completed by (Print or Type) DEVIN BLOM	Title Estimator	Signature 		Date 4/27/12	

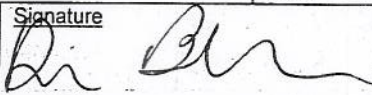
Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

12012

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

Date of Notification (1) <p align="center">1/30/2012</p>			Name of Building Owner/Operator (2) <p align="center">OAK STREET, LLC</p>		
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		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <p>65 MEMORIAL ROAD SUITE 380</p> <p>City, State, Zip Code WEST HARTFORD, CT 06107</p>	
Name of Facility Where Abatement is Taking Place (3) <p>50 OAK</p>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address <p>50 OAK STREET</p>		City (5) <p>EAST RUTHERFORD</p>		County (6) <p>BERGEN</p>	
County Code (7) <p>(State Use Only)</p>		Sq. Feet <u>100000</u> # of Floors <u>2</u>		Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm <p>EHS INC</p>		ASCM No.		Name of Contractor (9) <p>Alliance Environmental Systems</p>	
Street Address <p>9 MAIN STREET</p>		City, State, Zip Code <p>MULLICA HILL, NJ</p>		Street Address <p>550 East Union Street</p>	
Project Manager for Monitoring Firm <p>JACK CARNEY</p>		Telephone Number <p>8562230080</p>		Telephone Number <p>610-701-9000</p>	
Scheduled Start Date (10) <p>2/20/2012</p>		Scheduled Completion Date (11) <p>4/27/2012</p>		License Number <p>00508</p>	
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 -			Name of OSHA Monitor <p>EHS, INC</p>		
Describe Other -			Street Address <p>9 MAIN STREET</p>		
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			City, State, Zip Code <p>MULLICA HILL, NJ</p>		
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
Amount (Specify SF or LF)		Abatement Type Rem. Rep. Encap Enclose			
ROOF		X		ROOFING	
1ST AND 2ND FLOORS		X		PIPE INSULATION	
1ST AND 2ND FLOORS		X		VAT&MASTIC	
LOADING DOCK		X		TAR	
ROOM B1-46		X		INCINERATOR PACKING	
ROOM B1-41		X		TRANSITE PANEL	
Name of Reg. Waste Hauler <p>NJDEP Waste Hauler ID # 17235</p>		Cubic Yards of Waste <p>Approx. 1700</p>		Name of Reg. Landfill <p>BFI Imperial</p>	
City, State <p>Hazleton, PA</p>		Disp. Date <p>TBD</p>		City, State <p>Imperial, PA</p>	
Completed by (Print or Type) <p>DEVIN BLOM</p>		Title <p>Estimator</p>		Signature 	
				Date <p>2/13/2012</p>	

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

Date of Notification (1) <div align="center">1/30/2012</div>			Name of Building Owner/Operator (2) OAK STREET, LLC		
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		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 65 MEMORIAL ROAD SUITE 380	
				City, State, Zip Code WEST HARTFORD, CT 06107	
				Name of Contact CHRIS TRACANNA	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 50 OAK			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 50 OAK STREET			Sq. Feet <u>100000</u> # of Floors <u>2</u>		
City (5) EAST RUTHERFORD	County (6) BERGEN	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm EHS INC			ASCM No.		
Street Address 9 MAIN STREET			Name of Contractor (9) Alliance Environmental Systems		
City, State, Zip Code MULLICA HILL, NJ			Street Address 550 East Union Street		
Project Manager for Monitoring Firm JACK CARNEY			City, State, Zip Code West Chester, PA 19382		
Telephone Number 8562230080			Telephone Number 610-701-9000		License Number 00508
Scheduled Start Date (10) 2/13/2012			Scheduled Completion Date (11) 4/27/2012		
Name of OSHA Monitor EHS, INC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____			Street Address 9 MAIN STREET		
			City, State, Zip Code MULLICA HILL, NJ		

Source of Work (Check all that apply)

☐ Demolition ☐ Renovation
☒ Large Proj. (>160 SF or >260 LF ACM) ☐ SM Proj. (>25<160 SF or >10 <260 LF ACM) ☐ 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	Enclose
ROOF			X	ROOFING	92500sf	X			
1 ST AND 2 ND FLOORS			X	PIPE INSULATION	460LF	X			
1 ST AND 2 ND FLOORS			X	VAT&MASTIC	12110SF	X			
LOADING DOCK			X	TAR	27SF	X			
ROOM B1-46			X	INCINERATOR PACKING	100SF	X			
ROOM B1-41			X	TRANSITE PANEL	670SF	X			

Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235		Cubic Yards of Waste Approx. 1700		Name of Reg. Landfill BFI Imperial	
City, State Hazleton, PA		Disp. Date TBD		City, State Imperial, PA			
Completed by (Print or Type) DEVIN BLOM		Title Estimator		Signature 		Date 1/30/2012	

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

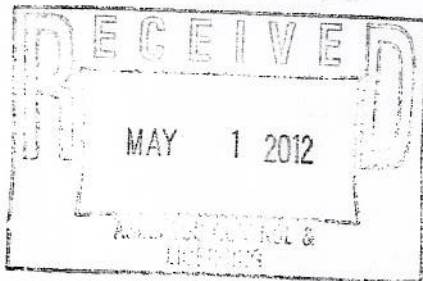
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4 / 27 / 12		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #17 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N	
Street Address 1 HESS PLAZA		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
Name of Contact DAVID CERULO		Telephone Number [REDACTED]	

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 Start Date (10) 4 / 19 / 12		Month Day Year		City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM				Street Address 1376 ROUTE 9 W	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR				<input checked="" 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			

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			
13TH FLOOR - MER ROOM		x	GASKET	35 SF	X			
13TH FLOOR - MER ROOM		X	PIPE FITTING INSULATION	180 LF	X			
1ST FLOOR OFFICE AREA		X	FLOOR TILE MASTIC	500 SF	X			
1ST FLOOR OFFICE AREA		X	PIPE FITTINGS	25 LF	X			
1ST FLOOR GENERATOR ROOM		X	PIPE FITTINGS	25 LF	X			
Name of Registered Waste Hauler DJM TRANSPORT , LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 10		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 4/27/12		



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

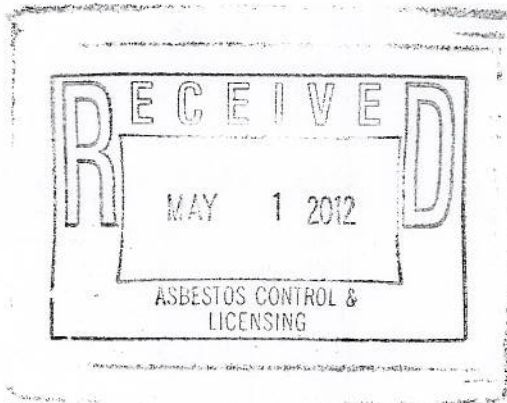
Date of Notification (1) 8 / 11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked=""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

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		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 NEHLSEN		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 / 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	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
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			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR-CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			

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



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

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

RECEIVED MAY 1 2012

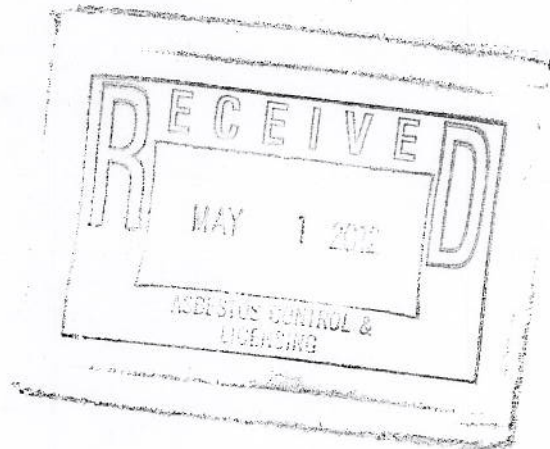
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) Licensing	
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
City (5) WOODBRIDGE		Bldg. Age 42	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644	License Number 845-369-7500
Expected State Date (10) 6 / 23 /11		Sched. Completion Date (11) 5 / 30 / 12	
Month Day Year		Month Day Year	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM		Street Address 1376 ROUTE 9 W	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

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

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

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
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26981			
ty, 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 6/21/11



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

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

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4)	
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
City (5) WOODBIDGE		Bldg. Age 42	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm MIKE NEHLSEN		Telephone Number 908-377-5644	License Number 460
Expected State Date (10) 6 / 23 / 11		Sched. Completion Date (11) 5 / 30 / 12	
Month 6		Month 5	
Day 23		Day 30	
Year 11		Year 12	

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

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <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	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 CCMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			

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



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

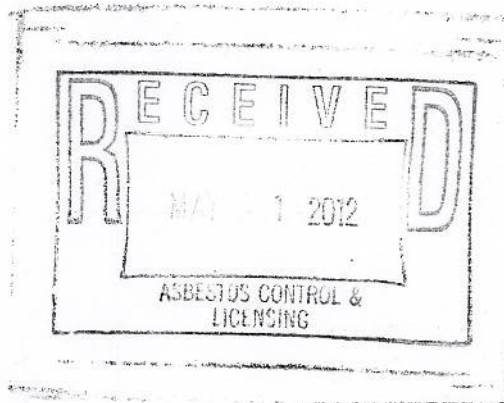


Date of Notification (1) 8 / 22 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA City, State, Zip Code WOODBIDGE, NEW JERSEY 07095 Name of Contact DAVID CERULO Telephone Number	
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			

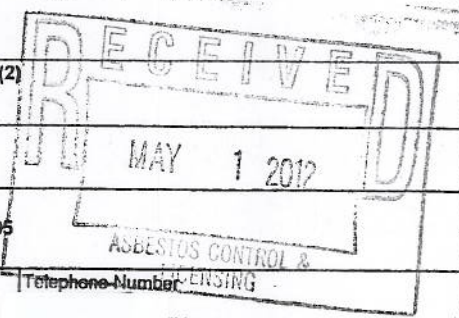
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 HESS PLAZA				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 NEHLSEN			Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 6 / 23 /11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM				Street Address 1376 ROUTE 9 W		
				City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR <input checked="" type="checkbox"/> Renovation				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

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

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



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



Date of Notification (1) 8 / 25 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #45 <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		
City (5) WOODBIDGE		County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)		
Current Use (Prior if being demolished) COMMERCIAL OFFICE						
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL			ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1600 ROUTE 22			Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code UNION, NEW JERSEY 07083			City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644		Telephone Number 845-369-7500		
License Number 460						
Expected State Date (10) 6 / 23 / 11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM				Street Address 1376 ROUTE 9 W		
				City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

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

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



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

Date of Notification (1)

9 / 9 /11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #6
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1 HESS PLAZA

Square Feet

187,000

of Floors

13

Bldg. Age

42

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

6 / 23 / 11
Month Day Year

Sched. Completion Date (11)

5 / 30 / 12
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ 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

Street Address
1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

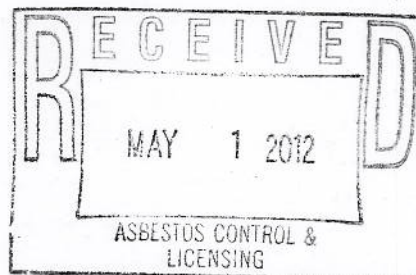
Scope of Work (Check all that apply)

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

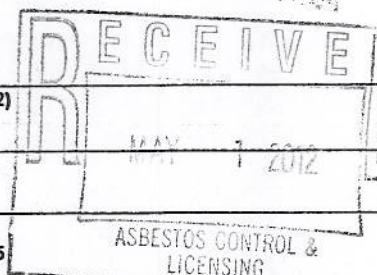
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

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

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



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

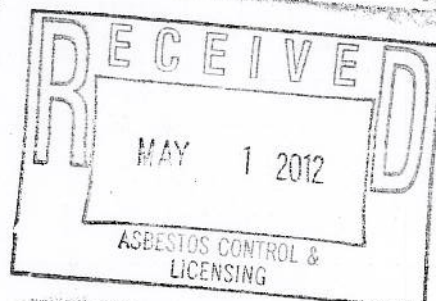


Date of Notification (1) 9 / 26 /11		Name of Building Owner/Operator (2) HESS CORPORATION
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA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

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 NEHLSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 6 / 23 / 11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM			Street Address 1376 ROUTE 9 W		
			City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

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

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>[Signature]</i>		Date 9/26/11			



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

Date of Notification (1) 9 / 28 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #8 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	Telephone Number 908-377-5644

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
City (5) WOODBIDGE		County (6) MIDDLESEX	Bldg. Age 42
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500
Expected State Date (10) 6 / 23 / 11		Sched. Completion Date (11) 5 / 30 / 12	License Number 460
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM SAT. & SUN 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR <input checked="" type="checkbox"/> Renovation		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			

1 ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	20 LF	X		
2 ND FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
3 RD 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	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 1 2012 CONTROL & NO </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #9 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	
Telephone Number			

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 NEHLESEN		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	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM SAT. & SUN 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclor. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

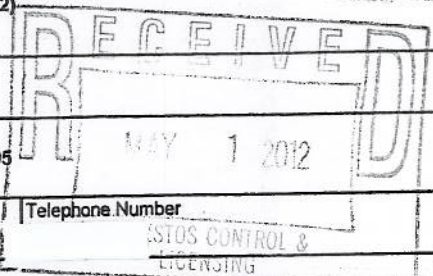
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type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

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



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

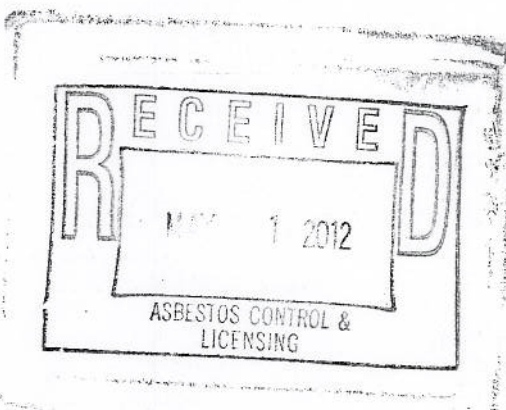
Date of Notification (1) 11 / 4 / 11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA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



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

Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X		PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR - ENTIRE		X		PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X		VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X		COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X		JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X		ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE		X		TAR	25 SF	X			
PLAZA-ENTIRE		X		PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM		X		VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM		X		GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM		X		PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM		X		DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X		VAT & MASTIC	3,000 SF	X			
1ST FLOOR-CAFETERIA		X		JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X		COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X		PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X		DUCT INSULATION	770 SF	X			
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 11/4/11	



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

RECEIVED
1 2012

Date of Notification (1) 11 / 4 / 11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA City, State, Zip Code WOODBIDGE, NEW JERSEY 07095 Name of Contact DAVID CERULO Telephone Number	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <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 Month Day Year			Sched. Completion Date (11) 5 / 30 / 12 Month Day Year		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM			Name of OSHA Monitor QUALITY ENVIRONMENTAL		
			Street Address 1376 ROUTE 9 W		
			City, State, Zip Code WAPPINGERS FALLS, NY 12590		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Mini-Enclos.
<input checked="" type="checkbox"/> >160 SF OR		<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			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	12,425 SF	X			
PLAZA-ENTIRE			X	VAT & MASTIC	495 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	18,820 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	7,275 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	25 SF	X			
PLAZA-ENTIRE			X	TAR	200 LF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	10 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	45 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	240 SF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	3,000 SF	X			
1ST FLOOR-BOILER ROOM			X	VAT & MASTIC	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	175 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	25 LF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	770 SF	X			
1ST FLOOR - CAFETERIA			X	DUCT INSULATION	20 LF	X			
13TH FLOOR - MER ROOM			X	PIPE FITTINGS					
1ST FLOOR HALLWAY			X	PIPE FITTINGS					

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 11/4/11				



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

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #13
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
1 HESS PLAZA

Square Feet
187,000

of Floors
13

Bldg. Age
42

City (5)
WOODBIDGE

County (6)
MIDDLESEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL OFFICE

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

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 ROUTE 22

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
MIKE NEHLSEN

Telephone Number
908-377-5644

Telephone Number
845-369-7500

License Number
460

Expected State Date (10)

11 / 7 / 11
Month Day Year

Sched. Completion Date (11)

5 / 30 / 12
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MON. - FRI. 6 PM - 2:30 AM

Street Address
1376 ROUTE 9 W

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
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			
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			
1ST FLOOR - CAFETERIA			X	DUCT INSULATION	770 SF	X			

1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X			
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X			
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X			
11TH FLOOR -ENTIRE		X	VAT & MASTIC	8,000 SF	X			
11TH FLOOR -ENTIRE		X	JOINT COMPOUND	7,920 SF	X			
11TH FLOOR PERIMETER		X	COVE BASE MASTIC	55 SF	X			
11TH FLOOR-THROUGHOUT		X	PIPE FITTINGS	75 LF	X			
11TH FLOOR-PERIMETER WALL		X	TAR MASTIC	25 SF	X			
Name of Registered Waste Hauler DJM TRANSPORT , LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 100		Name of Registered Landfill GROWS LANDFILL		
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012		City, State MORRISVILLE, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature <i>[Signature]</i>		Date 1/23/12		



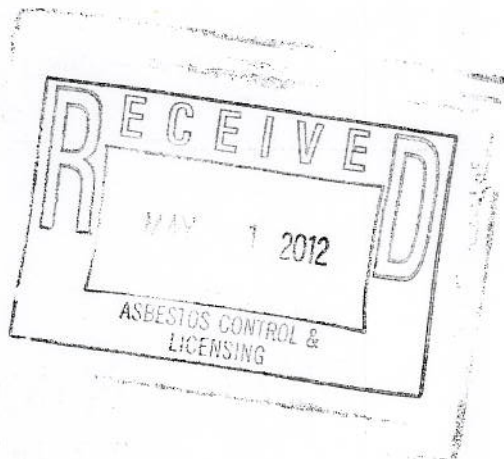
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 1 / 24 /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 #14 <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 CONTROL & REMOVAL

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 NEHLSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500
		License Number 460	
Expected State Date (10) 11 / 7 /11 Month Day Year	Sched. Completion Date (11) 5 / 30 / 12 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <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	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X		VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X		PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X		COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X		TAR	25 SF	X			
2ND FLOOR- ENTIRE		X		VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE		X		COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE		X		JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE		X		TAR	25 SF	X			
2ND FLOOR- ENTIRE		X		PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X		VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X		COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X		JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X		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			

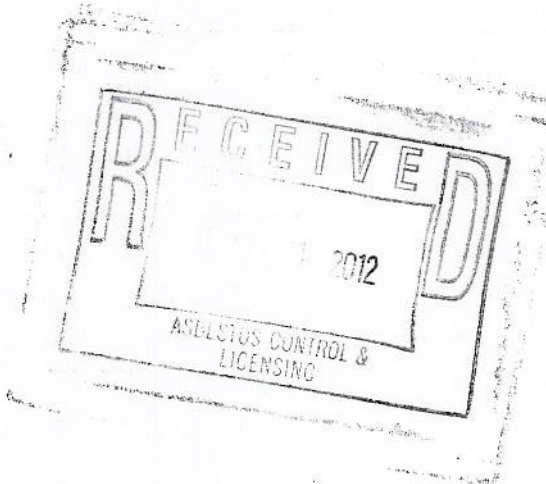
1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X			
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X			
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X			
11TH FLOOR -ENTIRE		X	VAT & MASTIC	8,000 SF	X			
11TH FLOOR -ENTIRE		X	JOINT COMPOUND	7,920 SF	X			
11TH FLOOR PERIMETER		X	COVE BASE MASTIC	55 SF	X			
11TH FLOOR-THROUGHOUT		X	PIPE FITTINGS	75 LF	X			
11TH FLOOR-PERIMETER WALL		X	TAR MASTIC	25 SF	X			
13TH FLOOR - MER ROOM		x	GASKET	35 SF	X			
13TH FLOOR - MER ROOM		X	PIPE FITTING INSULATION	180 LF	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>BJS</i>	Date 1/24/12					



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

Date of Notification (1) 2 / 28 / 12			Name of Building Owner/Operator (2) HESS CORPORATION						
Agencies Notified			Street Address 1 HESS PLAZA						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			City, State, Zip Code WOODBIDGE, NEW JERSEY 07095						
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification #15 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			Name of Contact DAVID CERULO						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address 1 HESS PLAZA			Square Feet 187,000	# of Floors 13	Bldg. Age 42				
City (5) WOODBIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE						
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION					
Street Address 1600 ROUTE 22			Street Address 313 SPOOK ROCK ROAD						
City, State, Zip Code UNION, NEW JERSEY 07083			City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm MIKE NEHLSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460					
Expected State Date (10) 11 / 7 / 11		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			Street Address 1376 ROUTE 9 W						
			City, State, Zip Code WAPPINGERS FALLS, NY 12590						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)				
					Abatement Type 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			
13TH FLOOR - MER ROOM		x	GASKET	35 SF	X			
13TH FLOOR - MER ROOM		X	PIPE FITTING INSULATION	180 LF	X			
Name of Registered Waste Hauler DJM TRANSPORT, LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 100		Name of Registered Landfill GROWS LANDFILL		
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012		City, State MORRISVILLE, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature <i>[Signature]</i>		Date 2/28/12		

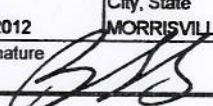


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4 / 18 / 12		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 #16 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	
		Telephone Number [REDACTED]	

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 S (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000		# of Floors 13	
City (5) WOODBIDGE		County (6) MIDDLESEX		Bldg. Age 42	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE			
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL			ASCM No. 17		
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) 4 / 19 / 12		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			Street Address 1376 ROUTE 9 W		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR <input checked="" type="checkbox"/> Renovation			City, State, Zip Code WAPPINGERS FALLS, NY 12590		
			<input checked="" 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	ENCAPSULATION	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			
13TH FLOOR - MER ROOM		x	GASKET	35 SF	X			
13TH FLOOR - MER ROOM		X	PIPE FITTING INSULATION	180 LF	X			
1ST FLOOR OFFICE AREA		X	FLOOR TILE MASTIC	500 SF	X			
1ST FLOOR OFFICE AREA		X	PIPE FITTINGS	26 LF	X			
1ST FLOOR GENERATOR ROOM		X	PIPE FITTINGS	25 LF	X			
Name of Registered Waste Hauler DJM TRANSPORT, LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 10		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 		Date 4/18/12		

