

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

CK# 22827

Date of Notification (1)

5 / 2 / 12

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

HESS CORPORATION

Street Address

1 HESS PLAZA

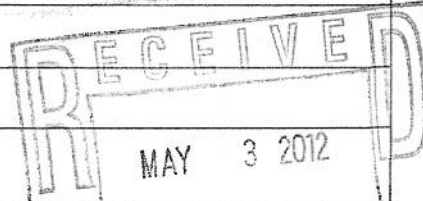
City, State, Zip Code

18 WOODBRIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number



ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

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

Street Address

1 HESS PLAZA

Square Feet

187,000

of Floors

13

Bldg. Age

42

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

4 / 19 / 12
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-Encl. ,
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
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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			
ADDITION TO SCOPE: 12TH FL MER ROOM		X	PIPE FITTINGS	35 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>BSS</i>	Date 5/2/12



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(Pursuant to NJAC 8:60-7 and 12:120-7)

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8 / 11

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☐ On Hold
☐ EMERGENCY NOTIFICATION

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HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

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of Floors

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Bldg. Age

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SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

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Expected State Date (10)

6 / 22 / 11
Month Day Year

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5 / 30 / 12
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3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
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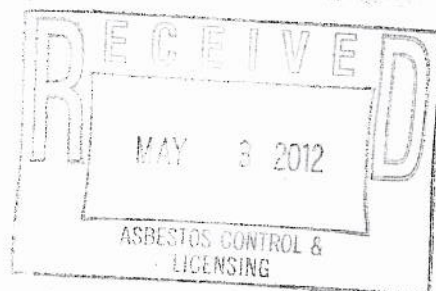
Name of Registered Waste Hauler

NJDEP Waste

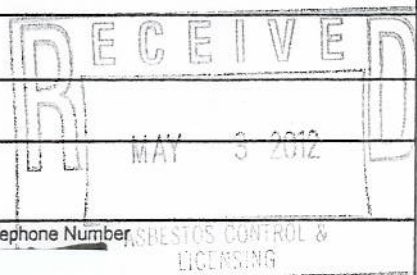
Cubic Yards of Waste

Name of Registered Landfill

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



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

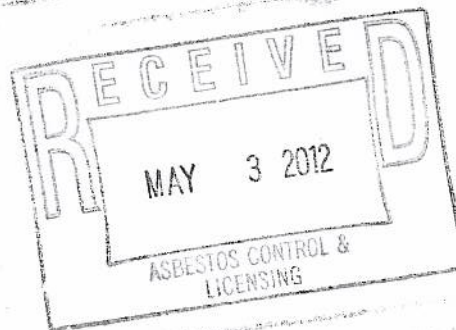


Date of Notification (1) 6 / 21 / 11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address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

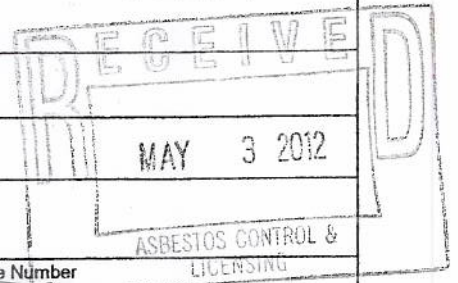
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
City (5) WOODBIDGE		Bldg. Age 42	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm MIKE NEHLSEN		Telephone Number 908-377-5644	License Number 460
Expected State Date (10) 6 / 23 / 11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR <input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclot. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
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3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
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PLAZA-ENTIRE			X	VAT & MASTIC	12,425 SF	X			
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1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
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Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No.			Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL				

ty. State	26981	Disposal Date	City, State
KEARNEY, NEW JERSEY		6/23/11-05/15/2012	MORRISVILLE, PA
Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS	<i>[Signature]</i>	6/21/11



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

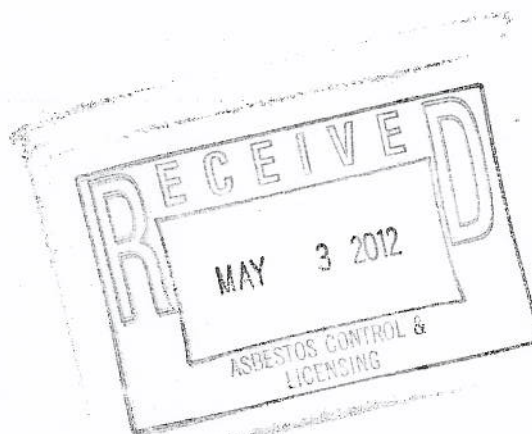


Date of Notification (1) 7 / 22 / 11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified		Street Address 1 HESS PLAZA	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
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FACILITY INFORMATION			
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Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR <input checked="" type="checkbox"/> Renovation		<input 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	

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Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 7/22/11



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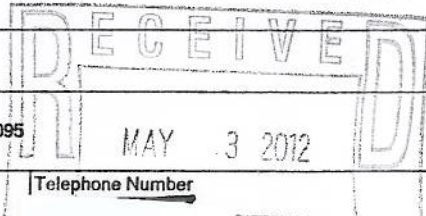
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FACILITY INFORMATION

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 (i.e. private & commcl. bldgs., homes, etc.)

Street Address

1 HESS PLAZA

Square Feet

187,000

of Floors

13

Bldg. Age

42

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

6 / 23 /11
Month Day Year

Sched. Completion Date (11)

5 / 30 /12
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ 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

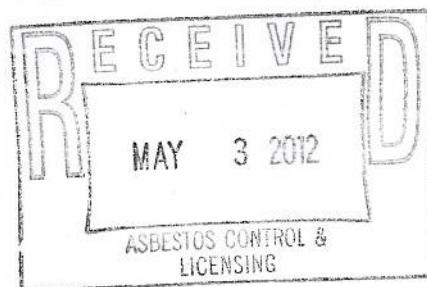
Scope of Work (Check all that apply)

☐ 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) (i.e. 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



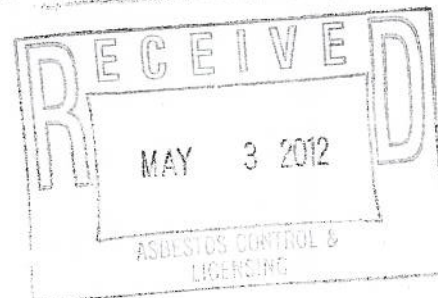
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8 / 25 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified		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 #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number MAY 3 2012	

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) WOODBRIDGE		Blkg. Age 42	
County (6) MIDDLESEX		Current Use (Prior if being demolished) COMMERCIAL OFFICE	
County Code (7) (STATE USE ONLY)			
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	
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

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

Hauler ID No. 26981		GROWS LANDFILL	
City, State KEARNEY, NEW JERSEY		City, State MORRISVILLE, PA	
Disposal Date 6/23/11-05/15/2012		Date 8/25/11	
Completed by (Print or Type) BENJAMIN SANCHEZ		Signature [Signature]	
Title DIRECTOR OF OPERATIONS			



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

Date of Notification (1) 9 / 9 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA City, State, Zip Code WOODBRIDGE, NEW JERSEY 07095 Name of Contact DAVID CERULO	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: right; margin-top: -20px;">MAY 3 2012</div>	

FACILITY INFORMATION				ASBESTOS CONTROL & LICENSING	
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 HESS PLAZA			Square Feet 187,000	# of Floors 13	Bldg. Age 42
City (5) WOODBRIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE		
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1600 ROUTE 22			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code UNION, NEW JERSEY 07083			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 6 / 23 /11 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MON. - FRI. 6:00 PM - 2:30 AM			Street Address 1376 ROUTE 9 W City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR			<input checked="" type="checkbox"/> 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	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

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #7
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address

1 HESS PLAZA

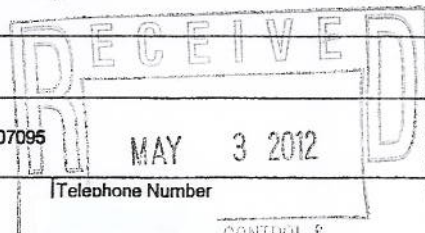
City, State, Zip Code

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 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)

☐ 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)

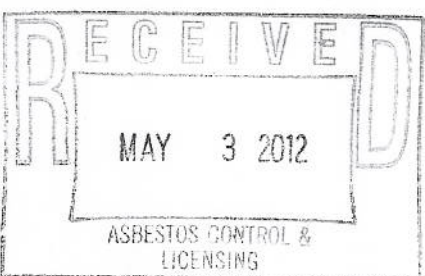
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR

☒ Renovation

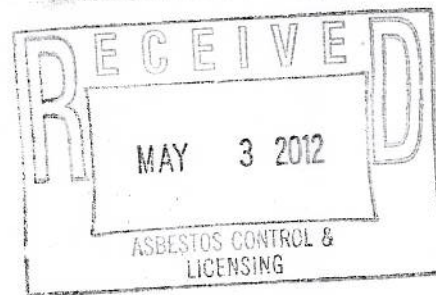
☐ Full Containment with Negative Pressure
☐ Mini-Enclos.
☒ Glovebag Procedure
☐ Non-Friable Procedure

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

2ND FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X			
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X			
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X			
Name of Registered Waste Hauler			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
DJM TRANSPORT , LLC			26981	1	GROWS LANDFILL			
City, State			Disposal Date	City, State				
KEARNEY, NEW JERSEY			6/23/11-05/15/2012	MORRISVILLE, PA				
Completed by (Print or Type)			Title	Signature	Date			
BENJAMIN SANCHEZ			DIRECTOR OF OPERATIONS	<i>[Signature]</i>	9/26/11			



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



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

Date of Notification (1) 10 / 14 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #9 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	
		Telephone Number 5 CONTROL & SENSING	

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13	Bldg. Age 42	
City (5) WOODBIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1600 ROUTE 22			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code UNION, NEW JERSEY 07083			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644		Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 6 / 23 / 11 Month Day Year		Sched. Completion Date (11) 5 / 30 / 12 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON. - FRI. 6 PM - 2:30 AM SAT. & SUN 7AM-3:30PM				Street Address 1376 ROUTE 9 W	
				City, State, Zip Code WAPPINGERS FALLS, NY 12590	

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

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

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)

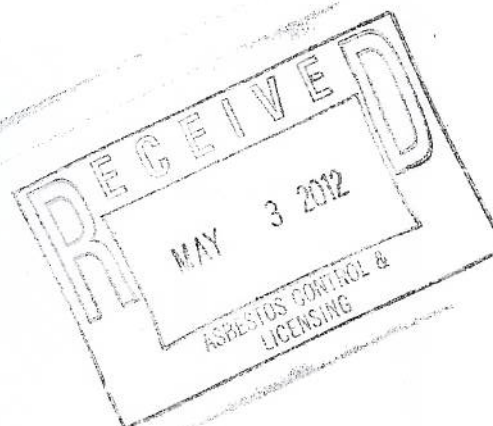
Date of Notification (1) 11 / 4 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA City, State, Zip Code WOODBRIDGE, NEW JERSEY 07095	
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		Name of Contact DAVID CERULO Telephone Number () - -	

RECEIVED
MAY 3 2012

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) WOODBRIDGE		County (6) MIDDLESEX	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500
Expected State 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	
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	

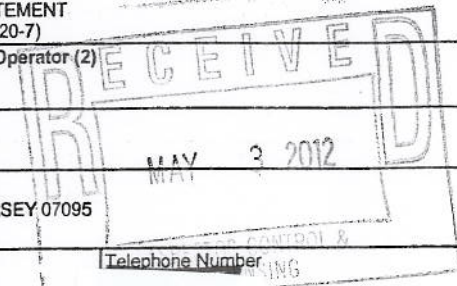
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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>BSS</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) 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	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) 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					

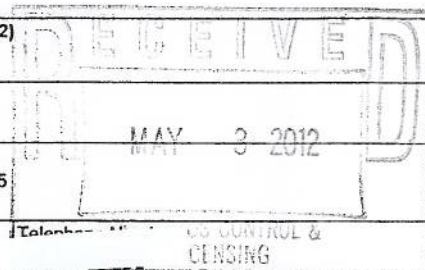
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

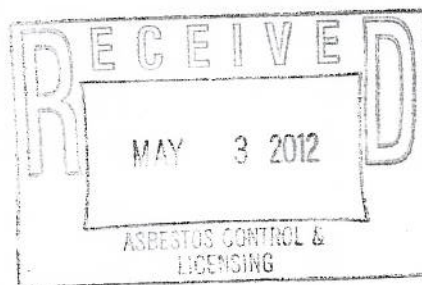
Date of Notification (1) 1 / 23 / 12		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #13 <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 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		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL				ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1600 ROUTE 22				Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code UNION, NEW JERSEY 07083				City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm MIKE NEHLEN				Telephone Number 908-377-5644		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			
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-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			
				REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE	X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE	X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE	X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE	X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE	X	TAR	25 SF	X			
2ND FLOOR - ENTIRE	X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE	X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE	X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE	X	TAR	25 SF	X			
2ND FLOOR - ENTIRE	X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE	X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE	X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE	X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE	X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE	X	TAR	25 SF	X			
PLAZA-ENTIRE	X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM	X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM	X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM	X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM	X	GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM	X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM	X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA	X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA	X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA	X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA	X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM	X	DUCT INSULATION	770 SF	X			

1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
11TH FLOOR -ENTIRE		X	VAT & MASTIC	8,000 SF	X		
11TH FLOOR -ENTIRE		X	JOINT COMPOUND	7,920 SF	X		
11TH FLOOR PERIMETER		X	COVE BASE MASTIC	55 SF	X		
11TH FLOOR-THROUGHOUT		X	PIPE FITTINGS	75 LF	X		
11TH FLOOR-PERIMETER WALL		X	TAR MASTIC	25 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT , LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 100	Name of Registered Landfill GROWS LANDFILL		
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012		City, State MORRISVILLE, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature <i>[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 checked="" 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 #14 <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 MAY 3 2012	

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
City (5) WOODBIDGE		County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500
Expected State Date (10) 11 / 7 / 11		Sched. Completion Date (11) 5 / 30 / 12	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	
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-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Street Address 1376 ROUTE 9 W		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
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			
1ST FLOOR-MECHANICAL ROOM			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-BOILER ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR - CAFETERIA			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			
13TH FLOOR - MER ROOM			X	PIPE INSULATION	25 LF	X			
			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)

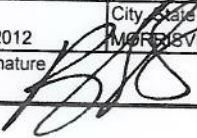
Date of Notification (1) 2 / 28 / 12		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification #15 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
City (5) WOODBIDGE		County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		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) 11 / 7 / 11		Sched. Completion Date (11) 5 / 30 / 12	

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

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

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 	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

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #16
☐ Cancellation
☐ On Hold
☐ EMERGENCY N

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

CONTROL & INSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Street Address

1 HESS PLAZA

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Street Address

1600 ROUTE 22

City, State, Zip Code

UNION, NEW JERSEY 07083

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Expected State Date (10)

4 / 19 /12
Month Day Year

Sched. Completion Date (11)

5 / 30 /12
Month Day Year

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

Scope of Work (Check all that apply)

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

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

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

1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X			
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X			
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X			
11TH FLOOR -ENTIRE		X	VAT & MASTIC	8,000 SF	X			
11TH FLOOR -ENTIRE		X	JOINT COMPOUND	7,920 SF	X			
11TH FLOOR PERIMETER		X	COVE BASE MASTIC	55 SF	X			
11TH FLOOR-THROUGHOUT		X	PIPE FITTINGS	75 LF	X			
11TH FLOOR-PERIMETER WALL		X	TAR MASTIC	25 SF	X			
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>BJS</i>			Date 4/18/12			



**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

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #17
☐ Cancellation
☒ On Hold
☐ EMERGENCY N

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

CONTROL & INSURING

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.)

Square Feet

187,000

of Floors

13

Bldg. Age

42

Street Address

1 HESS PLAZA

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)

4 / 19 /12
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-Encl.
☒ Glovebag Procedure
☐ Non-Friable Procedure

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

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>BSS</i>		Date 4/27/12		



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

Date of Notification (1) 04/13/12		Name of Building Owner/Operator (2) MIKE O'CONNOR	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 145 FLETCHER AVENUE		City, State, Zip Code MANASQUAN, NJ 08736	
Name of Contact JIM DALLAS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MIKE O'CONNOR			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 145 FLETCHER AVENUE			Square Feet		
City (5) MANASQUAN			County (6) MONMOUTH		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 05/10/12			License Number 00159		
Sched. Completion Date (11) 05/18/12			Name of OSHA Monitor D & S Restoration, 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: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	102 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	15 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/11/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/30/12

CK
2273

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

Date of Notification (1) <u>05/01/2012</u>		Name of Building Owner/Operator (2) <u>The Hampshire Group</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>15 Maple Ave</u> City, State, Zip Code <u>Morristown, NJ 07960</u> Name of Contact <u>Robert Schmidt</u> Telephone Number <u> </u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Hudson County Chromium Suite # 114</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>880-900 Garfield Ave</u>		Square Feet <u>N/A</u>	# of Floors <u>N/A</u>						
City (5) <u>Jersey City, NJ</u>		Bldg. Age <u>N/A</u>							
County (6) <u>Hudson</u>	County Code (7) (STATE USE ONLY) <u> </u>	Current Use (Prior if being demolished) <u>Vacant Land</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. <u>N/A</u>	Name of Abatement Contractor (9) <u>DIA General Construction, Inc.</u>							
Street Address <u> </u>		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>							
City, State, Zip Code <u> </u>		City, State, Zip Code <u>Clifton, NJ 07012</u>							
Project Manager for Monitoring Firm <u> </u>	Telephone No. <u> </u>	Telephone No. <u>973-389-0089</u>	License No. <u>00693</u>						
Start Date (10) <u>05/11/2012</u>	Scheduled Completion Date (11) <u>05/14/2012</u>	Name of OSHA Monitor <u>DIA General Construction, Inc.</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u> </u>		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u> City, State, Zip Code <u>Clifton, NJ 07012</u>							
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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Pipe	40 LF	X			
Name of Registered Waste Hauler <u>Horwith Trucking</u>		NJDEP Waste Hauler ID No. <u>NJS07110</u>	Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>Chemical Waste Management Inc</u>					
City, State <u>Northampton, PA</u>		Disposal Date <u>TBD</u>		City, State <u>Emelle, AL</u>					
Completed By <u>Krutarth Jagad</u>	Title <u>President</u>	Signature <u> </u>			Date <u>05/01/2012</u>				

ASB41

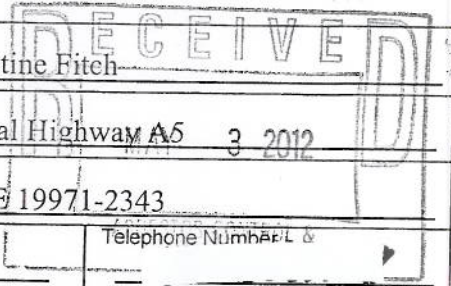
• Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 04/30/12		Name of Building Owner/Operator (2) MARKET HALSEY URBAN RENEWAL LLC							
Agencies Notified	Type Notification	Street Address 112 W 34TH STREET STE 2106							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW YORK NY 10120							
		Name of Contact BOB KLUG							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MARKET HALSEY URBAN RENEWAL LLC		Type of Facility (4) NSING							
Street Address 165 HALSEY STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NEWARK NJ		Square Feet 30000	# of Floors 16						
		Bldg. Age 80							
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) RKO ENVIRONMENTAL INC		Current Use (Prior if being demolished) OFFICE BUILDING							
ASCM No. 0090		Name of Abatement Contractor (9) BAKO CONSTRUCTION & RESTORATION INC.							
Street Address 401 ST. JAMES AVENUE		Street Address 265 RT 46 SUITE 3D							
City, State, Zip Code PHILLIPSBURG, NJ 08865		City, State, Zip Code TOTOWA NJ 07512							
Project Manager for Monitoring Firm JON GILBERT		Telephone No. 908 454 6316	License No. 00666						
Start Date (10) 05/11/12		Scheduled Completion Date (11) 05/13/12							
Name of OSHA Monitor BAKO CONSTRUCTION & RESTORATION INC.									
Occupancy Status During Abatement (Check Only One)		Street Address 265 RT 46 SUITE 3D							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied Fri 8am-5pm, Sat 8am - 6pm, Sun 8am - 12pm</u>		City, State, Zip Code TOTOWA NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
15TH FLOOR TANK ROOM	X			TSI	100LF	X			
Name of Registered Waste Hauler BAKO CONSTRUCTION & RESTORATION		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S. INC.				
City, State TOTOWA NJ		Disposal Date 05/14/12		City, State MORRISVILLE PA					
Completed by GORAN KOJIC		Title V.P.		Signature <i>[Signature]</i>		Date 04/30/12			

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

**STEVENS ENVIRONMENTAL
SERVICES INC**
CHECK #



Date of Notification (1) <u>4/30/12</u>		Name of Building Owner/Operator (2) <u>Christine Fitch</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1905 Coastal Highway A5</u> City, State, Zip Code <u>Dewey, DE 19971-2343</u>	
		Name of Contact <u>Christine Fitch</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>263 Hawthorne Ave.</u>		Square Feet	# of Floors
City (5) <u>Princeton</u>		Bldg. Age	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>5/9/12</u>	Scheduled Completion Date (11) <u>5/10/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	
<u>basement</u>			<u>duct insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/10/12</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>4/30/12</u>

CHECK #
2299

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

Date of Notification (1) <u>5/1/12</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 Rr. 50</u> City, State, Zip Code <u>GREENFIELD, N.J.</u> Name of Contact <u>BRUCE BREUNIG</u> Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>7 N. ADAMS AVE.</u>		Square Feet	# of Floors				
City (5) <u>MARGATE</u>		Bidg Age					
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>5/14/12</u>	Scheduled Completion Date (11) <u>5/21/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) 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) <u>2000 lb</u>	Abatement Type			
				Removal	Repair	Encapsulation	Other
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>A.C.U.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>5/1/12</u>				

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

Date of Notification (1) May / 01 / 2012		Name of Building Owner/Operator (2) Diocese of Camden		DOL 3-10 DAY Check # 4633					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 631 Market Street City, State, Zip Code Camden, NJ 08102 Name of Contact Thomas Bechard					
<div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> ASBESTOS MAY 1 2012 <small>REGISTRATION & LICENSING</small> </div> <div style="clear: both;"></div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Child Parish				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 13 E. Evesham Road				Square Feet 800	# of Floors 1				
City (5) Runnemede				Bldg. Age 80 Years					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Garage					
Name of Monitoring Firm Hired by Building Owner (8) MGD Environmental		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1000 Maplewood Dr. Suite 207		Street Address 47 S Lippincott Ave.							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) May / 2 / 2012		Scheduled Completion Date (11) May / 2 / 2012		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM				Street Address 107 Haddon Ave City, State, Zip Code Westmont, New Jersey 08108					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Safely 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	Enclose
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc		NJDEF Waste Hauler ID No 22253		Cubic Yards of Waste	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, NJ		Disposal Date		City, State Tullytown, PA					
Completed By (Print or Type) William Lynch		Title Vice President		Signature <i>William Lynch</i>		Date May 1, 2012			

ASB-41
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* Do not use this form for asbestos licensure exempted activities

No
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

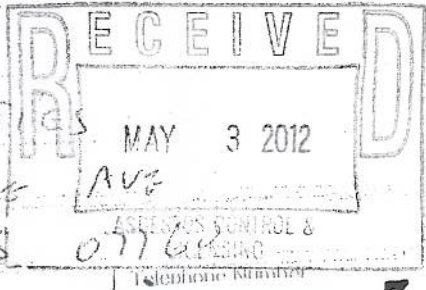


Date of Notification (1) 4-30-12		Name of Building Owner/Operator (2) Atlantic States Cast Iron Pipe, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 183 Sitegraves Street City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Brian Nicus							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Atlantic States Cast Iron Pipe, Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 183 Sitegraves Street		Square Feet 75,000	# of Floors 2						
City (5) Phillipsburg		Bldg. Age 100yrs							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) industrial							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
Start Date (10) 4-13-12		Scheduled Completion Date (11) 5-28-12	License No. 00398						
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: _____		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
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
South casting machine	x			transite	440 SF	x			
2nd floor hot box wall	x			transite	1,360 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 5-28-12		City, State Bethlehem, PA					
Completed by James M. Kelly		Title Project Manager		Signature 		Date 4-30-12			

CR#

1462

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



Date of Notification (1) 5-1-12		Name of Building Owner/Operator (2) W R EQUITIES	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> NJA <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 5 WOODBERRY AVE City, State, Zip Code RUMSON NJ 07066	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Dave Whittman	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) W R EQUITIES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 141 WOODBERRY AVE		Square Feet 1500	# of Floors 2
City (5) Rumson		Bldg. Age 80+	
County (6) Monmouth		County Code (7) (STATE USE ONLY) Hous3	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address		Street Address 95 MONTROSS RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07022	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 000294
Start Date (10) 5-10-12		Scheduled Completion Date (11) 5-16-12	
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 <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Name of OSHA Monitor ACE INSULATION CO INC	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> <3 sf or <3 ft <input type="checkbox"/> >160 sf or >260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address 95 MONTROSS RD	
Full Containment with Negative Pressure <input type="checkbox"/> Hot-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code COLTS NECK NJ 07022	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		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) 90 LF PIPE		Amount (Specify SF or LF) 90 LF	
Name of Registered Waste Hauler ACE INSULATION CO INC		Cubic Yards of Waste 2	
City, State COLTS NECK NJ 07022		Name of Registered Landfill F&S	
Disposal Date 5-16-12		City, State BETHLEHEM PA	
Completed By Jack Brall		Signature Jack Brall	
Title WPS Manager		Date 5-1-12	

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

<u>Date of Notification (1)</u> 05/1/2012		<u>Name of Building Owner/Operator (2)</u> CSX Corporation							
<u>Agencies Notified</u> () EPA () DEP (X) DOL (X) DOH () DCA	<u>Type Notification</u> (X) Initial () Amended Amendment # _____ () Emergency (including justification) () Cancellation	<u>Street Address</u> 500 Water Street							
		<u>City, State, Zip Code</u> Jacksonville, FL 32202							
		<u>Name of Contact</u> David Ohr	<u>Tel. Number</u>						
FACILITY INFORMATION									
<u>Name of Facility Where Abatement is Taking Place (3)</u> Conrail Railyard – Woodbury Yard		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)							
<u>Street Address</u> Corner of Barber Avenue & Railroad Ave.									
<u>City (5)</u> Woodbury, NJ 08096	<u>Sq. Feet</u> 500	<u># of Floors</u> 1	<u>Bldg. Age</u> 30+						
<u>County (6)</u> Gloucester	<u>County Code (7) (STATE USE ONLY)</u>	<u>Current Use (Prior if being demolished)</u> Industrial							
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Shaw Environmental, Inc.	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Prism Response, Inc.							
<u>Street Address</u> 128 South Tryon Street – Interstate Tower		<u>Street Address</u> 102 Technology Lane							
<u>City, State, Zip Code</u> Charlotte, NC 28202		<u>City, State, Zip Code</u> Export, PA 15632							
<u>Project Manager for Monitoring Firm</u> Gary Wyrwa	<u>Telephone No.</u> 732-939-3707	<u>Telephone No.</u> (724-325-3330	<u>License No.</u> 01121						
<u>Start Date (10)</u> 5/10/2012	<u>Scheduled Completion Date (11)</u> 5/10/2012	<u>Name of OSHA Monitor</u> Shaw Environmental, Inc.							
<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 Describe: () Other Describe: _____		<u>Street Address</u> 128 South Tryon Street – Interstate Tower <u>City, State, Zip Code</u> Charlotte, NC 28202							
<u>Source of Work (Check all that apply)</u> () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf (X) Renovation () Demolition () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure (X) Non-Exempted (*) and Non-Friable Procedure									
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</u>			<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Conrail Woodbury Yard			X	Transite Panels	240 SF	X			
<u>Name of Reg. Waste Hauler</u> Waste Management	<u>NJDEP Waste Hauler ID #</u> SW1724	<u>Cubic Yards of Waste</u> 1	<u>Name of Reg. Landfill</u> Grand Central Sanitary Landfill						
<u>City, State</u> Camden, New Jersey	<u>Disp. Date</u> 5/1/2012	<u>City, State</u> Penn Argyl, PA							
<u>Completed by (Print or Type)</u> Jessica Busch	<u>Title</u> Administrative Support	<u>Signature</u> <i>Jessica Busch</i>	<u>Date</u> 5/1/2012						

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

Job #: 1203-1632
Check #: 2665

Date of Notification (1) 04/03/12		Name of Building Owner / Operator (2) Middletown V.F., LLC-Vornado Realty Trust	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 OFF HOLD <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 210 Route 4 East
			City, State & Zip Code Paramus, NJ 07652
		Name of Contact Mr. Nicholas Salimbene	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Colony Dry Cleaners		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 840 Route 35 South		Square Feet 1,068	# of Floors 1
City (5) Middletown		Bldg. Age 1975	
County (6) Monmouth	County Code (7) 	Current Use (Prior if being demolished) Former Dry Cleaner	
Name of Monitoring Firm Hired by Building Owner (8) Absolutely Clean Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 53 Orleans Green		Street Address 3859 Sylon Blvd.	
City, State & Zip Code Coram, NY 11727		City, State & Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Jeff Sheridan	Telephone Number 516-644-3253	Telephone Number 609-702-0400	License Number 00862
Scheduled Start Date (10) 4/24/12	Scheduled Completion Date (11) 4/27/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf

☒ Renovation
☐ Demolition

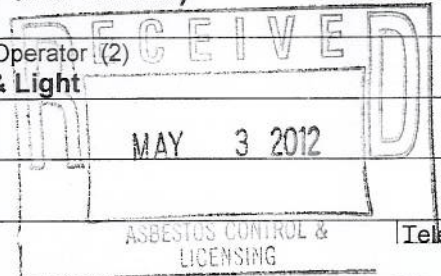
☒ Negative Pressure Enclosure
☐ Mini-Enclosure
☒ Wrap & Cut Methodology
☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	840 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Flue Pipe	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 4	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 4/27/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 4/23/12

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

Job #: 1205-1670 *11/14*
Check #: 2675

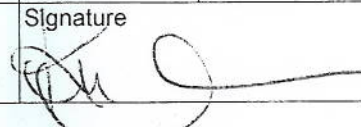
Date of Notification (1) 5/1/12		Name of Building Owner / Operator (2) Jersey Central Power & Light	
Agencies Notified	Type Notification	Street Address 300 Madison Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Morristown, NJ 07962	
		Name of Contact Mr. Ken Seborowski	
		Telephone Number	

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Residential Property		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 3705 Arctic Avenue		Square Feet 900
City (5) Wildwood	County (6) Cape May	# of Floors 2
County Code (7)		Bldg. Age 58
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Current Use (Prior if being demolished) Residential Property
Street Address PO Box 316		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
City, State & Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Blvd.
Project Manager for Monitoring Firm Dave or Steve Flanigan	Telephone Number 856-848-0800	City, State & Zip Code Hainesport, NJ 08036
Scheduled Start Date (10) 5/14/12	Scheduled Completion Date (11) 5/18/12	Telephone Number 609-702-0400
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		License Number 00862
Name of OSHA Monitor EMSL Analytical		
Street Address 107 Haddon Ave.		
City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)


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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 4	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 5/18/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 5/1/12

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

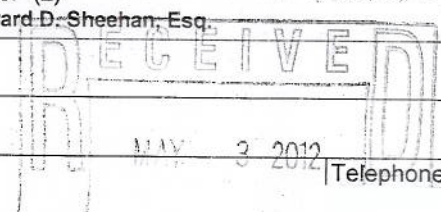
Job #: 1204-1636
Check #: NA

Date of Notification (1) 4/18/12		Name of Building Owner / Operator (2) Bank of America							
Agencies Notified	Type Notification	Street Address NJ7-216-01-01 50 Route 173							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 ON HOLD <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Clinton, NJ 08809							
		Name of Contact Mr. Christopher P. D'Alleinne	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12)							
Street Address 600 East Union Avenue		buildings, homes, etc.)							
City (5) Bound Brook		Bldg. Age 42							
		Vacant Property-Bank							
Name of Monitoring Firm Hired by Building Owner (8) Lead Consultants of America, Inc.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 225 Demott Lane, Suite 206		Street Address 3859 Sylon Blvd.							
City, State & Zip Code Somerset, NJ 08873		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Stuart Levitch		Telephone Number 732-418-9006	License Number 00862						
Scheduled Start Date (10) 4/30/12	Scheduled Completion Date (11) 5/4/12	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing and Slag	3,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	340 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 5/5/12		City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 			Date 4/27/12			

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

Job #: 1109-1594
 Check #: NA

Date of Notification (1) 3/1/12		Name of Building Owner / Operator (2) Camden Plaza Associates, c/o Edward D. Sheehan, Esq.	
Agencies Notified	Type Notification	Street Address 511 Cooper Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Camden, NJ 08102	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #3 ON HOLD	Name of Contact Mr. Edward Sheehan	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

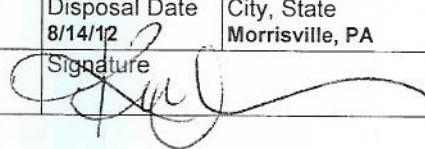


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Camden Plaza Hotel		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 506 Cooper Street		Square Feet 75,000	# of Floors 6
City (5) Camden	County (6)	County Code (7)	Bldg. Age 85 years
ON HOLD			
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address PO Box 316		Street Address 3859 Sylton Blvd.	
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Dave or Steve Flanigan	Telephone Number 856-848-0800	Telephone Number 609-702-0400	License Number G0862
Scheduled Start Date (10) 3/14/12	Scheduled Completion Date (11) 8/14/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	11,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Flashing	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Material	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various Locations Throughout (Basement, Stairwell, 1 st , 5 th & 6 th Floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	2,720 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various Locations Throughout (Basement & 1 st Floor through 6 th Floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	15,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exhaust Duct Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Holding Tank Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

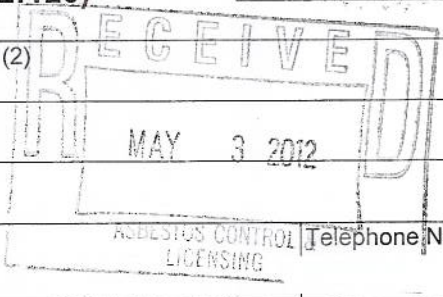
Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 100	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 8/14/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 4/26/12

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

Job #: 1205-1670 (164)

Check #: 2676

Date of Notification (1) 5/1/12		Name of Building Owner / Operator (2) Jersey Central Power & Light	
Agencies Notified	Type Notification	Street Address 300 Madison Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Morristown, NJ 07962	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mr. Ken Seborowski	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		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 3711 Arctic Avenue		Square Feet 1000	# of Floors 1
City (5) Wildwood	County (6) Cape May	Bldg. Age 58	
County Code (7)		Current Use (Prior if being demolished) Residential Property	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address PO Box 316		Street Address 3859 Sylon Blvd.	
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Dave or Steve Flanigan	Telephone Number 856-848-0800	Telephone Number 609-702-0400	License Number 00862
Scheduled Start Date (10) 5/14/12	Scheduled Completion Date (11) 5/18/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

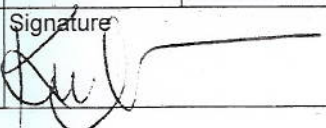
Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf

☒ Renovation
☐ Demolition

☒ Negative Pressure Enclosure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Ceilings	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Walls	3,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Wall & Ceiling Panels	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Red Sheet Flooring	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 6	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 5/18/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 5/1/12

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

Job #: 1203-1629-1
Check #: 2669

Date of Notification (1) 5/1/12		Name of Building Owner / Operator (2) Springpoint at Meadow Lakes, Inc.	
Agencies Notified	Type Notification	Street Address 13 Roszel Road, Suite C120	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Princeton, NJ 08540	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Ms. Heather Hill-Folkoff	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Meadow Lakes Senior Facility			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 300 Meadow Lakes			Square Feet 547,111	# of Floors 2	Bldg. Age 47
City (5) East Windsor	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Continuing Care Retirement Community		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Blvd.			
City, State & Zip Code Bensalem, PA 19020		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Michael Panepresso		Telephone Number 215-244-1300	Telephone Number 609-702-0400	License Number 00862	
Scheduled Start Date (10) 5/4/12	Scheduled Completion Date (11) 5/8/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

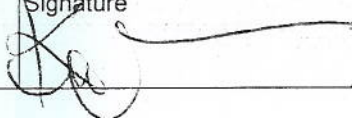
Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Line Pipe Insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 4	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 5/8/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 5/1/12

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7
ANNUAL NOTIFICATION

check # 2647

Date of Notification (1) 04 / 23 / 12		Name of Building Owner / Operator (2) STEPAN COMPANY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 100 WEST HUNTER AVENUE		City, State, Zip Code MAYWOOD, NJ 07607	
Name of Contact JOHN MAHONEY		Telephone Number MAY 2 2012	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) STEPAN COMPANY			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 100 WEST HUNTER AVENUE			Square Feet 10,000		
City (5) MAYWOOD		County (6) BERGEN	County Code (7)	# Of Floors 2	Building Age 50 +
Current Use (Prior if being demolished) MANUFACTURING					
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO.	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 907 DOOLITTLE DRIVE		Street Address 462 Getty Avenue			
City, State, Zip Code BRIDGEWATER, NJ 08807		City, State, Zip Code Clifton, NJ 07011			
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT		Telephone Number 908-218-1108	Telephone Number 973-772-3660		
Sched. Start Date (10) 05 / 14 / 12		Sched. Completion Date (11) 05 / 25 / 12	License Number 00117		
Occupancy Status During Abatement (Check Only 1) <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>7:00AM-5:00PM</u>			Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code CLIFTON, NJ 07011		

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 checked="" type="checkbox"/> ≥3sf or ≥3lf		<input checked="" type="checkbox"/> Mini - Enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf		<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) 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)	Abatement Type			
				R E M O V E M E N T	R E P A I R	E N C A P S U L	E N C L O S U R
BLDG 10	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

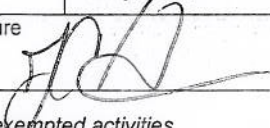
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA	

Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 05/01/12
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04/30/2012		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 # 3	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				
<div style="text-align: center;">RECEIVED MAY 3 2012 ASBESTOS LIC</div>						
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 50+				
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) 05/02/2012	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"/> 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				
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes No N/A			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 04/30/2012			

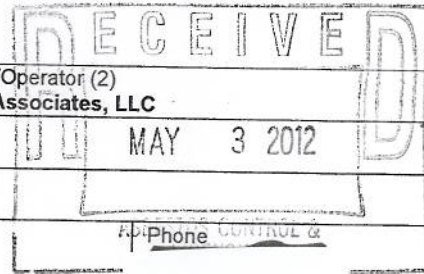
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 04 / 04 / 12		Name of Building Owner/Operator (2) Avantor Performance Materials		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY 3 2012 ASBESTOS CONTROL & ELECTRONICS </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 600 N. Broad Street			
		City, State, Zip Code Phillipsburg, NJ 08865-1271				Name of Contact Robert Snyder			
						Telephone Number 7			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Avantor Performance Materials - Building 135				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 600 N. Broad Street									
City (5) Phillipsburg, NJ 08865-1271				Square Feet 4000	# of Floors 1				
				Bldg. Age 60					
County (6) Warren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 318 12th Street				Street Address 550 East Union Street					
City, State, Zip Code Hammonton, New Jersey 08037				City, State, Zip Code West Chester, PA 129382					
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850		Telephone No. 610-701-9000	License No. 00508				
Start Date (10) 04 / 10 / 12		Scheduled Completion Date (11) 04 / 13 / 12		Name of OSHA Monitor Vertex Engineering					
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: 7AM-3:30PM-AM				Street Address 1102 Baltimore Pike, Suite 201					
				City, State, Zip Code Glen Mills, PA 19342					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Bld. 135 Boiler House - Boiler 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 10	Name of Registered Landfill BFI Imperial				
City, State Hazleton, PA				Disposal Date TBD	City, State Imperial, PA				
Completed By (Print or Type) John Heemer		Title Estimator		Signature 		Date 4/3/12			

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

Date of Notification (1) <div style="text-align: center;">03 / 21 / 12</div>		Name of Building Owner/Operator (2) Avantor Performance Materials							
Agencies Notified <input checked="" 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 N. Broad Street							
		City, State, Zip Code Phillipsburg, NJ 08865-1271							
		Name of Contact Robert Snyder	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Avantor Performance Materials - Building 135		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 600 N. Broad Street									
City (5) Phillipsburg, NJ 08865-1271		Square Feet 4000	# of Floors 1						
		Bldg. Age 60							
County (6) Warren		County Code (7)(STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 318 12th Street		Street Address 550 East Union Street							
City, State, Zip Code Hammonton, New Jersey 08037		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	License No. 00508						
Start Date (10) <div style="text-align: center;">04 / 03 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">04 / 06 / 12</div>	Name of OSHA Monitor Vertex Engineering							
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</u> AM- <u> </u> PM/ <u>3:30</u> PM- <u> </u> AM		Street Address 1102 Baltimore Pike, Suite 201							
		City, State, Zip Code Glen Mills, PA 19342							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld. 135 Boiler House - Boiler 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 10	Name of Registered Landfill BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 			Date 3/21/12		

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




Date of Notification (1) 4/30/12		Name of Building Owner/Operator (2) North Brunswick TOD Associates, LLC	
Agencies Notified () EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Notification No.3 () Cancelled	Street Address 2300 US Route 1 North	City, State, Zip Code North Brunswick
		Name of Contact Nimish Patel	Phone CONTROL &
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) North Brunswick TOD Associates, LLC Buildings 4,5,6,7,11 and 42 (One Structure)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 2300 US Route 1		Sq. Feet 150,000 SF No. of Floors: 2	
City (5) North Brunswick	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 78 yrs
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services, Inc.		ASCM No. 00117	Name of Contractor (9) Superior Abatement, Inc.
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Hammonton, NJ 08037		City State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor	Telephone Number 609-704-8850	Telephone Number (973) 808-1616	License Number 00411
Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 6/20/2012	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours – (X) Other – Describe: Vacant Bldg.		Street Address 2 Henderson Drive, Ste. A	
		City, State, Zip Code West Caldwell, NJ 07006	
Source of Work (Check all that apply)			
(X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type
Bldg. 6 – Boiler Room	X	Pipe Insulation	520 LF
Bldg. 5 Basement	X	Duct/Tank Insulation	2,360 SF
Bldg. 6 Boiler Room	X	VAT and Mastic	16,800 SF
Bldg. 5 - Basement & Bldg. 11 – 2nd Floor	X	Pipe Elbow Insulation	150 EA
Bldg. 5 Basement	X	Spray-on Fireproofing	950 SF
Bldg. 4 2nd Fl. Mech/Mixer Rm	X		
Bldg. 11 Exterior Beam Struct.	X		
Name of Reg. Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 300	Name of Reg. Landfill Minerva Landfill
City, State New Castle, DE	Disp. Date 5/25/2012	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 04/30/2012

Amended Notification No. 1: Change of Completion Date from 04/13/2012 to 05/25/2012. Additional time is needed to complete this project. Also for Bldg. 6 (Boiler Room) we have added additional 520 LF of Pipe/Fitting Insulation and 2,210 SF of Tank and Duct Insulation (Entire Boiler Room).

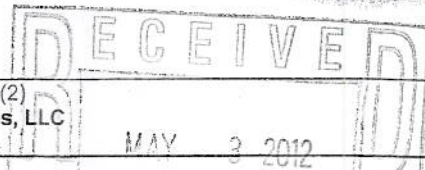
Amended Notification No. 2: We have reduced the quantities taking out (Building 6) Boiler Room. The reason for this is we have not received Owner approvals for the additional work in the (BLDG. 6) Boiler Room.

Amended Notification No.3: Additional quantities added to scope of work and change to Completion date from 5/25/12 to 6/20/12.

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

Date of Notification (1) 03/09/2012		Name of Building Owner/Operator (2) North Brunswick TOD Associates, LLC	
Agencies Notified () EPA () DOL (x) DOH () DCA	Notification Type (X) Initial Notification () Amended Notification () Cancelled	Street Address 2300 US Route 1 North	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 3 2012 ASBESTOS Phone: (609) 426-1100 </div>
		City, State, Zip Code North Brunswick	
		Name of Contact Nimish Patel	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) North Brunswick TOD Associates, LLC Buildings 4,5,6,7,11 and 42 (One Structure)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 2300 US Route 1		Sq. Feet 150,000 SF No. of Floors: 2	
City (5) North Brunswick	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 78 yrs Current Use (prior if being demolished) Vacant Bldg. (prior use Office Bldg.)
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services, Inc.		ASCM No. 00117	Name of Contractor (9) Superior Abatement, Inc.
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Hammononton, NJ 08037		City State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor	Telephone Number 609-704-8850	Telephone Number (973) 808-1616	License Number 00411
Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 4/13/2012	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours – (X) Other – Describe: Vacant Bldg.		Street Address 2 Henderson Drive, Ste. A	
		City, State, Zip Code West Caldwell, NJ 07006	
Source of Work (Check all that apply) (X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type Rem. Rep. Encap Enclose
Bldg. 6 – Boiler Room	X	Thermal Systems Insulation	60 LF X
Bldg. 4, 7, 42 – 1 st & 2 nd Floors	X	VAT and Mastic	4,200 SF X
Bldg. 4 & 5 – 1 st Floor	X	Thermal Pipe Elbow Insulation	180 EA X
Bldg. 11 & 42 - Exterior	X	Fiber Material Behind Blue Window Barriers	4,000 SF X
Name of Reg. Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 160	Name of Reg. Landfill Minerva Landfill
City, State New Castle, DE		Disp. Date 4/13/2011	9000 Minerva Road Waynesburgh OH 44688
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 03/09/2012

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



Date of Notification (1) 03/09/2012		Name of Building Owner/Operator (2) North Brunswick TOD Associates, LLC	
Agencies Notified () EPA () DOL (x) DOH () DCA	Notification Type () Initial Notification (x) Amended Notification () Cancelled	Street Address 2300 US Route 1 North	City, State, Zip Code North Brunswick
		Name of Contact Nimish Patel	Phone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) North Brunswick TOD Associates, LLC Buildings 4,5,6,7,11 and 42 (One Structure)			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 2300 US Route 1			Sq. Feet 150,000 SF No. of Floors: 2
City (5) North Brunswick	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 78 yrs Current Use (prior if being demolished) Vacant Bldg. (prior use Office Bldg.)

Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services, Inc.	ASCM No. 00117	Name of Contractor (9) Superior Abatement, Inc.
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Street Address 318 12th Street	Street Address 2 Henderson Drive, Ste A
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City, State, Zip Code Hammonton, NJ 08037	City, State, Zip Code West Caldwell, NJ 07006
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Project Manager for Monitoring Firm Jim Proctor	Telephone Number 609-704-8850	Telephone Number (973) 808-1616	License Number 00411
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Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 5/25/2012	Name of OSHA Monitor Superior Abatement, Inc.
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Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (x) Other - Describe: Vacant Bldg.	Street Address 2 Henderson Drive, Ste. A
	City, State, Zip Code West Caldwell, NJ 07006

Source of Work (Check all that apply)

(x) 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)
(x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose			
Bldg. 6 - Boiler Room	X	Pipe/Fitting Insulation	580 LF	X			
Bldg. 4, 7, 42 - 1 st & 2 nd Floors	X	VAT and Mastic	4,200 SF	X			
Bldg. 4 & 5 - 1 st Floor	X	Pipe Elbow Insulation	180 EA	X			
Bldg. 11 & 42 - Exterior	X	Fiber Material Behind Blue Window Barriers	4,000 SF	X			
Bldg. 6 - Boiler Room	X	Tank and Duct Insulation	2,210 SF	X			

Name of Reg. Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 300	Name of Reg. Landfill Minerva Landfill
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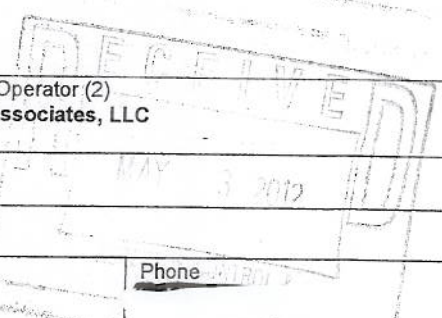
City, State New Castle, DE	Disp. Date 5/25/2012	9000 Minerva Road Waynesburgh OH 44688
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Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 04/12/2012
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Amended Notification No. 1: Change of Completion Date from 04/13/2012 to 05/25/2012. Additional time is needed to complete this project. Also for Bldg. 6 (Boiler Room) we have added additional 520 LF of Pipe/Fitting Insulation and 2,210 SF of Tank and Duct Insulation (Entire Boiler Room).

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



Date of Notification (1) 3/09/2012		Name of Building Owner/Operator (2) North Brunswick TOD Associates, LLC	
Agencies Notified () EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Notification No.2 () Cancelled	Street Address 2300 US Route 1 North	City, State, Zip Code North Brunswick
		Name of Contact Nimish Patel	Phone 732-818-1117
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) North Brunswick TOD Associates, LLC Buildings 4,5,6,7,11 and 42 (One Structure)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 2300 US Route 1		Sq. Feet 150,000 SF No. of Floors: 2	
City (5) North Brunswick	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 78 yrs Current Use (prior if being demolished) Vacant Bldg. (prior use Office Bldg.)
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services, Inc.		ASCM No. 00117	Name of Contractor (9) Superior Abatement, Inc.
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor	Telephone Number 609-704-8850	Telephone Number (973) 808-1616	License Number 00411
Scheduled Start Date (10) 3/19/2012	Scheduled Completion Date (11) 5/25/2012	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Vacant Bldg.		Street Address 2 Henderson Drive, Ste. A	
		City, State, Zip Code West Caldwell, NJ 07006	
Source of Work (Check all that apply)			
(X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.			
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Bldg. 6 - Boiler Room	X	Pipe Insulation	60 LF X
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Bldg. 4 & 5 - 1 st Floor	X	Pipe Elbow Insulation	180 EA X
Bldg. 11 & 42 - Exterior	X	Fiber Material Behind Blue Window Barriers	4,000 SF X
Name of Reg. Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 300
City, State New Castle, DE		Disp. Date 5/25/2012	Name of Reg. Landfill Minerva Landfill
Completed by (Print or Type) Vick Petrovski		Title President	Signature
			Date 04/13/2012

Amended Notification No. 1: Change of Completion Date from 04/13/2012 to 05/25/2012. Additional time is needed to complete this project. Also for Bldg. 6 (Boiler Room) we have added additional 520 LF of Pipe/Fitting Insulation and 2,210 SF of Tank and Duct Insulation (Entire Boiler Room).

Amended Notification No. 2: We have reduced the quantities taking out (Building 6) Boiler Room. The reason for this is we have not received Owner approvals for the additional work in the (BLDG. 6) Boiler Room.