

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

Check #  
8330  
**RECEIVED**  
2012 SEP 19 PM 12:04  
ASBESTOS CONTROL

|   |   |   |   |   |   |                |                        |  |  |
|---|---|---|---|---|---|----------------|------------------------|--|--|
| Date of Notification (1)<br><b>9-17-12</b>  |   | Name of Building Owner/Operator (2)<br><b>Helen Dachis</b>  |   |   |   |                |                        |  |  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>141 East Delaware Ave</b>  |   |   |   |                |                        |  |  |
|   |   | City, State, Zip Code<br><b>Pennington NJ 08534</b>   |   |   |   |                |                        |  |  |
|   |   | Name of Contact<br><b>Helen Dachisen</b>  |   |   |   |                |                        |  |  |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |   |                |                        |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single Family Dwelling</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |   |                |                        |  |  |
| Street Address<br><b>141 East Delaware Ave</b>  |   | Square Feet   | # of Floors<br><b>2</b>                                     |   |   |                |                        |  |  |
| City (5)<br><b>Pennington NJ 08534</b>  |   | Bldg. Age<br><b>60+</b>   |   |   |   |                |                        |  |  |
| County (6)<br><b>Mercer</b>   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)   |   |   |   |                |                        |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Tech</b>  |   | ASCM No.<br><b>N/A</b>  | Name of Abatement Contractor (9)<br><b>EPC Technologies</b> |   |   |                |                        |  |  |
| Street Address<br><b>P.O. Box 337</b>   |   | Street Address<br><b>P.O. Box 337</b>   |   |   |   |                |                        |  |  |
| City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |   |   |                |                        |  |  |
| Project Manager for Monitoring Firm<br><b>Steve Schenken</b>  |   | Telephone No.<br><b>609 758-3345</b>  | License No.<br><b>00394</b>                                 |   |   |                |                        |  |  |
| Start Date (10)<br><b>9-27-12</b>   | Scheduled Completion Date (11)<br><b>9-27-12</b>  | Name of OSHA Monitor<br><b>EPC Technologies</b>   |   |   |   |                |                        |  |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:  |   | Street Address<br><b>P.O. Box 337</b>   |   |   |   |                |                        |  |  |
|   |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |   |   |                |                        |  |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |   |   |                |                        |  |  |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)<br><b>Garage</b>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br><b>x</b>   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><b>Pipe Insulation</b> | Amount (Specify SF or LF)<br><b>51 LF</b> | Abatement Type |                        |  |  |
|   | Removal   | Repair  | Encapsulate   |   |   | Enclosure      |                        |  |  |
|   |   |   |   |   |   |                |                        |  |  |
|   |   |   |   |   |   |                |                        |  |  |
| Name of Registered Waste Hauler<br><b>EPC Tech.</b>   |   | NJDEP Waste Hauler ID No.<br><b>17000</b>   | Cubic Yards of Waste<br><b>&lt; 1</b>                       | Name of Registered Landfill<br><b>Waste Management</b>  |   |                |                        |  |  |
| City, State<br><b>NE NJ</b>   |   | Disposal Date<br><b>9-28-12</b>   |   | City, State<br><b>Morrisville PA</b>  |   |                |                        |  |  |
| Completed by<br><b>Steve Schenken</b>   |   | Title<br><b>President</b>   |   | Signature<br><b>SD Schen</b>  |   |                | Date<br><b>9-17-12</b> |  |  |



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

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>9/17/12</b> |  | Name of Building Owner/Operator (2)<br><b>Monica Campbell</b> |  |
| Agencies Notified                          | Type Notification  | Street Address<br><b>39 Ross St.</b>                          |  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>E. Orange, NJ 07018</b>           |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Monica Campbell</b>                     |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | Telephone Number  |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    |   |  |
| <input type="checkbox"/> DCA               |  |   |  |

**RECEIVED**  
**2012 SEP 19 PM 12:03**  
**ASBESTOS CONTROL & LICENSING**

## FACILITY INFORMATION

|  |                            |                                     |  |                         |                        |
|--|----------------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b> |                            |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                        |
| Street Address<br><b>39 Ross St.</b>                                   |                            |                                     | Square Feet<br><b>2200</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>75</b> |
| City (5)<br><b>E. Orange</b>   | County (6)<br><b>essex</b> | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>Residence</b>  |                         |                        |

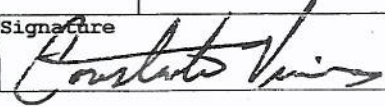
|   |                                |   |  |  |
|---|--------------------------------|---|--|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b> |                                | ASCM No.  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |  |
| Street Address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

|   |   |                                    |
|---|---|------------------------------------|
| Scheduled Start Date (10)<br><b>9/27/12</b><br>Month Day Year   | Sched. Completion Date (11)<br><b>9/28/12</b><br>Month Day Year | Name of OSHA Monitor<br><b>N/A</b> |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |   | Street Address                     |
|   |   | City, State, Zip Code              |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|---|--|----|----------|---|---------------------------|---------------------------------|----------------------------|---|---|
|   | Yes  | No | N/A      |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| <b>Basement</b>   |  |    | <b>X</b> | <b>Pipe Insulation</b>  | <b>50 LF</b>              | <b>X</b>                        |                            |   |   |
|   |  |    |          |   |                           |                                 |                            |   |   |

|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b>   | Cubic Yards of Waste<br><b>1.0</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>10/1/12</b>   | City, State<br><b>Morrisville, PA 19067</b> |  |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br> | Date<br><b>9/17/12</b>                      |  |  |



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

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>9/17/12</b> |  | Name of Building Owner/Operator (2)<br><b>Susan Brauner</b> |  |
| Agenies Notified                           | Type Notification  | Street Address<br><b>20 Ridgewood Terrace</b>               |  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Maplewood, NJ 07040</b>         |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Susan Brauner</b>                     |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | Telephone   |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    |   |  |
| <input type="checkbox"/> DCA               |  |   |  |

**RECEIVED****2012 SEP 19 PM 12:01****ASBESTOS CONTROL & LICENSING****FACILITY INFORMATION**

|  |                            |                                     |  |                           |                        |
|--|----------------------------|-------------------------------------|--|---------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b> |                            |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                           |                        |
| Street Address<br><b>20 Ridgewood Terrace</b>                          |                            |                                     | Square Feet<br><b>2200</b>   | # of Floors<br><b>2.5</b> | Bldg. Age<br><b>65</b> |
| City (5)<br><b>Maplewood</b>   | County (6)<br><b>Essex</b> | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)  |                           |                        |

|   |   |   |  |  |
|---|---|---|--|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |  |
| Street Address  |   | Street Address<br><b>86 Christopher St.</b>         |  |  |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |  |
| Project Manager for Monitoring Firm   | Telephone Number<br><b>N/A</b>                                  | Telephone Number<br><b>(973) 744-8800</b>           | License Number<br><b>00371</b>                                     |  |
| Scheduled Start Date (10)<br><b>9/26/12</b><br>Month Day Year   | Sched. Completion Date (11)<br><b>9/27/12</b><br>Month Day Year | Name of OSHA Monitor<br><b>N/A</b>                  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |   | Street Address                                      |  |  |
|   |   | City, State, Zip Code                               |  |  |

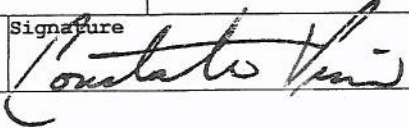
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |                                      |   |  |
|--|--|----|----------|--|---------------------------|---------------------------------|----------------------------|--------------------------------------|---|--|
|  | Yes  | No | N/A      |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |
| <b>Basement</b>  |  |    | <b>X</b> | <b>Pipe Insulation</b>   | <b>75 LF</b>              | <b>X</b>                        |                            |                                      |   |  |
|  |  |    |          |  |                           |                                 |                            |                                      |   |  |
|  |  |    |          |  |                           |                                 |                            |                                      |   |  |

|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b>   | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>9/28/12</b>   | City, State<br><b>Morrisville, PA 19067</b> |  |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br> | Date<br><b>9/17/12</b>                      |  |  |

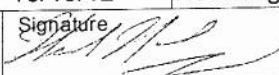
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

289

**RECEIVED**

**2012 SEP 19 AM 11:33**

**ASBESTOS CONTROL  
& LICENSING**

|  |   |   |   |  |                |                                     |        |             |           |
|--|---|---|---|--|----------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>September 17, 2012</b>  |   | Name of Building Owner/Operator (2)<br><b>GH1 Holdings</b>  |   |  |                |                                     |        |             |           |
| Agencies Notified  | Type Notification   | Street Address  |   |  |                |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>1361 Alps Road</b><br>City, State, Zip Code<br><b>Wayne NJ</b>   |   |  |                |                                     |        |             |           |
|  |   | Name of Contact<br><b>Sal Giello</b>  | Telephone Number<br>_____   |  |                |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>BASF</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                |                                     |        |             |           |
| Street Address<br><b>595 Charles Street</b>  |   | Square Feet   | # of Floors   |  |                |                                     |        |             |           |
| City (5)<br><b>Gloucester City, NJ</b>   |   | Bldg. Age   |   |  |                |                                     |        |             |           |
| County (6)<br><b>Camden</b>  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br><b>Building</b>  |   |  |                |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AET, Inc.</b>  |   | ASCM No.<br><b>0021</b>   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC</b>  |  |                |                                     |        |             |           |
| Street Address<br><b>907 Doolittle Drive</b>   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |  |                |                                     |        |             |           |
| City, State, Zip Code<br><b>Bridgewater, NJ 08807</b>  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |  |                |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>Eric Houseknecht</b>   | Telephone No.<br><b>(908) 218-1108</b>  | Telephone No.<br><b>(973) 759 - 5000</b>  | License No.<br><b>00781</b>   |  |                |                                     |        |             |           |
| Start Date (10)<br><b>10/1/12</b>  | Scheduled Completion Date (11)<br><b>10/15/12</b>   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>   |   |  |                |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |  |                |                                     |        |             |           |
|  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |  |                |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |  |                |                                     |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                |                                     |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)  | Abatement Type |                                     |        |             |           |
|  | Yes   | No  |   |  | N/A            | Removal                             | Repair | Encapsulate | Enclosure |
| <b>vault</b>   |   | <input checked="" type="checkbox"/>   |   | <b>pipe</b>  | <b>500 lf</b>  | <input checked="" type="checkbox"/> |        |             |           |
| <b>exterior trench</b>   |   | <input checked="" type="checkbox"/>   |   | <b>contaminated soil</b>   | <b>3 cy</b>    | <input checked="" type="checkbox"/> |        |             |           |
| <b>vault</b>   |   | <input checked="" type="checkbox"/>   |   | <b>transite shingles</b>   | <b>500 sf</b>  | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>Newark Carting / Rovic</b>   |   | NJ DEP Waste Hauler ID No.<br><b>4509</b>   | Cubic Yards of Waste<br><b>10</b>   | Name of Registered Landfill<br><b>Cumberland County Landfill</b> |                |                                     |        |             |           |
| City, State<br><b>Newark / Riverdale, NJ</b>   |   | Disposal Date<br><b>10/15/12</b>  |   | City, State<br><b>Newburg, PA</b>                                |                |                                     |        |             |           |
| Completed by<br><b>Mike Cooper</b>   |   | Title<br><b>President</b>   | Signature<br>   |  |                | Date<br><b>9/17/12</b>              |        |             |           |