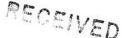


State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)





Date of Notification (1)			IN	ame of Buil	ding Owner/Operat	281		6- LJ															
11-13-12					W A F	or (2) 481	OEC -5 PM	47. 5	1126		ercello												
Agency Notified Type Notification	5/55/6-5-		St	reet Addre	SS	OGOK	EELSK'F	47:51	-														
			-		52 B	OULEV	A S CON	Temi			į.												
DOL Amendment			Ci	y, State, Z	/		PETCEMOING	TABL		_													
☐ Emergency (ir iustification)	☐ Emergency (including justification) Name of Co					WORTZ	L, NJ	070.	33	•													
☐ DCA ☐ Cancellation			110	The or com	BOVE)		Telephone Ni	mher															
			F.	ACILITY IN	FORMATION		-		Ç.		ē												
Name of Facility Where Abatement is Taking	Place (3)			OKIMATION	Type of Facil	lity (4)																
VACART LOT				12-12-12-12-1																			
Street Address		☐ School (K-12) ☐ Subchapter 8 (Other than K-12)																					
152 BOULEVAN	*	*	Other (i.e. private & commercial buildings																				
City (5)						homes, etc.) Square Feet # of Floors Bidg Age																	
City (5) KENNICWORTH County (6)	N	I				~	W OI Ploofs	Bidg	. Age	•													
			Cou	nty Code (7) (STATE USE	Current Use (Prior if being demol	lished)			_												
Name of Monitoring Firm Hired by Building O	WDC	1.0		-1)																			
(8) R1/A	CM No.		Name of Abatem			-		700															
Street Address			UNIPR	EO, INC.																			
										-													
City, State, Zip Code Project Manager for Monitoring Firm Telephone No.					City, State, Zip Code WOODSRIDGE, NJ 07095 Telephone No. License No.																		
												Start Date (10) Scheduled	Comple	tion F	N-4- (4.	,	132-7	26.3111	006	15			
												11-14-12 11-	-12	uon L	ate (11);	Name of OSHA N	Aonitor					-
Occupancy Status During Abatement (Check of	only one	-1	_		Street Address																		
Facility Closed/Vacated During Entire Perio	d of Ahat	emar			Street Address		23.00		3-0.44														
- Audiement Performed Outside of Normal C.					City, State, Zip Co	ode																	
SOther - Describe: OUT DOOR CLEA icope of Work (Check all that apply)	200	-																					
(C≥ 3 sf or ≥ 3 lf					D. E. J. C.																		
1 2 160 -4 2 200 W				novation nolition	C IAIII II-E	Full Containment with Negative Pressure Mini-Enclosure																	
			- 00	nomon	☐ Gloveb ☐ Non-Fa	pag Procedure	Mos Frank D	©															
	Is Location						*) and Non-Friable Procedure		Aha	Abatement													
Location of Asbestos-Containing Material (ACM)	lly ly by		Description of		24	1	Туре																
TO BE ABATED Maintenance				Asbest	os Containing Mate	erial (ACM)	Amount			_	1												
IN Facility Custodial Staff?				(I.e.,	thermal systems in surfacing, VAT, o	sulation. (Specify		1	2	Eng	E .												
(13)		(12)			other miscellaneou	ıs)	SF or LF)	o vo	Repair	Encapsulate	Enclosure												
	Yes	No	N/A					9	- -	late	re												
VACANT LOT			X	TRA	NSITE DEL	0010	71		,		Ш												
		ASSESSED.			Walle PEL	SRIS	UNK.	×	1	L													
									+	H	\dashv												
me of Registered Waste Hauler								-	+-	Н	4												
1 / 1	ID No	EP W 0.	aste Ha		Cubic Yards of N	lame of Registe	ered Landfill				\dashv												
MEWARK CARTING, INC	1	15	09	1		CPALLE																	
State ALT				0	Disposal Date C	ROWS.	INC.		_														
mpleted by Title		J.			11-14.12 A	ODRICA	ILLE PA.																
PAVIDIT. TOLCHIN PRES.				S	ignature	1212121	- n l Da	te .			4												
	use this	form !	or ash	stos licen	savid	1. 10	tol 1	1-13	2 - /	2	.												