

OK 1512

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

RECEIVED
 2012 DEC -5 PM 7:54
 ASBESTOS CONTROL LICENSING

Date of Notification (1) **11-13-12**

Name of Building Owner/Operator (2) **EWA POGORZELSKA**

Agency Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address **152 BOULEVARD**

City, State, Zip Code **KENNILWORTH, NJ 07033**

Name of Contact **(AS ABOVE)**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **VACANT LOT**

Street Address **152 BOULEVARD**

City (5) **KENNILWORTH, NJ**

County (6) **UNION**

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

Square Feet **—** # of Floors **—** Bldg. Age **—**

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) **N/A**

ASCM No.

Name of Abatement Contractor (9) **UNIPRO, INC.**

Street Address **173 KARKUS AVE.**

City, State, Zip Code **WOODBIDGE, NJ 07095**

Telephone No. **732-726-3111** License No. **00615**

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) **11-14-12** Scheduled Completion Date (11) **11-17-12**

Name of OSHA Monitor **N/A**

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: **OOT DOOR CLEAN UP**

Scope of Work (Check all that apply)
 ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler **NEWARK CARTING, INC.**

NJDEP Waste Hauler ID No. **4509**

Cubic Yards of Waste **UNK.**

Name of Registered Landfill **GROWS, INC.**

City, State **NEWARK, NJ.**

Disposal Date **11-14-12**

City, State **MORRISVILLE, PA.**

Completed by **DAVID T. TOLCHIN** Title **PRES.**

Signature **David T. Tolchin** Date **11-13-12**