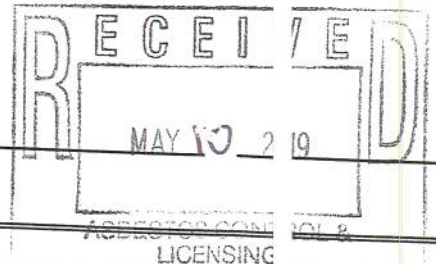


KLOMAX Job# 19-93

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)



PAID

CK 1008

Date of Notification (1)
05/10/19

Name of Building Owner/Operator (2)
Karen Oleson

Street Address
[REDACTED]

City, State, Zip Code
Kenilworth, NJ 07033

Name of Contact
Karen Oleson

Telephone Number
[REDACTED]

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amendment
 Amendment # _____
☐ Emergency (include justification)
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Street Address
[REDACTED]

City (5)
Kenilworth, NJ 07033

County (6)
Union

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
1,200 sf

of Floors
2

Bldg. Age
55

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)
N/A

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
KLOMAX, LLC

Street Address
309 W. End Ave.

City, State, Zip Code
Hopatcong, NJ 07843

Telephone Number
833-4KLOMAX

License Number
02007

Name of OSHA Monitor
KLOMAX, LLC

Street Address
309 W. End Ave.

City, State, Zip Code
Hopatcong, NJ 07843

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Scheduled Start Date (10)
05/16/2019

Sched. Completion Date (11)
05/23/2019

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: Normal hours

Scope of Work (check all that apply)

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

Location of asbestos-containing material 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	90 LF	<input checked="" type="checkbox"/>			

Registered Waste Hauler
KLOMAX, LLC

NJDEP Hauler ID#
038241

Cubic Yards of Waste
2 yds

Name of Registered Landfill
Fairless Hills

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

City, State
Tullytown, PA

Completed by (Print or Type)
Paige Boylan

Title
Owner

Signature
[Signature]

Date
05/06/2019

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

CHK # 356

Date of Notification (1) 5 / 7 / 19		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 10 2 19 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level		
		City, State, Zip Code Pittsburgh, PA 15212		
		Name of Contact Anthony Porta	Telephone Number 412-633-4024	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Dunellen Central Office		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 building, homes, etc.)	
Street Address Madsion & South Ave		Square Feet	# of Floors
City (5) Dunellen		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 5 / 17 / 19	Scheduled Completion Date (11) 5 / 21 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

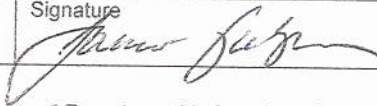
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Stairwell Landings basement to 2 nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date	City, State WAYNESBURG, OH		
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 5-7-19		

ASB-41
MAY 11 *BS19055*

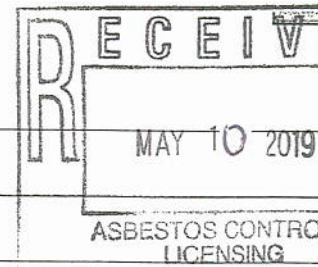
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	MAY 10 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/08/2019		Name of Building Owner/Operator (2) JJ Operating Inc.						
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING					
<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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	112 West 34th Street Suite 2106						
		City, State, Zip Code						
		New York, NY 10120						
		Name of Contact	Telephone Number					
		Jack Jemal	212-265-5570					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Lawrence Shopping Center Unit 30 Old CVS		Type of Facility (4)						
Street Address 2495 Brunswick Pike		<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) Lawrence Township		Square Feet	# of Floors					
		10,000	1					
County (6) Mercer		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Shopping Center					
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Enviro. Analysis, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address 401 ST. James Avenue		Street Address 265A Route 46 Suite 3D						
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	Telephone No. 973-256-7010					
			License No. 0666					
Start Date (10) 05/23/2019		Scheduled Completion Date (11) 06/08/2019						
Name of OSHA Monitor Bako Construction & Restoration, Inc.								
Occupancy Status During Abatement (Check Only One)		Street Address 265A Route 46 Suite 3D						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input 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 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		Encapsulate	Enclosure
	Yes	No			N/A	Removal		
Unit #30		X		Floor tiles and Mastic	10,000 SF	X		
Unit #30		X		Sheetrock Joint compound	1500 SF	X		
Name of Registered Waste Hauler Bako Const. & Rest. Inc./Newark Carting, Inc.		NJDEP Waste Hauler ID No. 20889/4509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill/Waste Ma				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 05/08/2019		

PAID

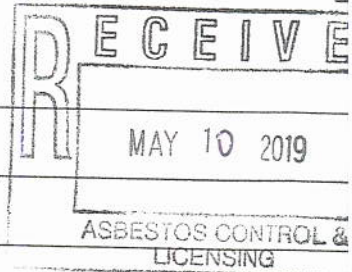
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/6/2019		Name of Building Owner/Operator (2) PSEG		Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD NJ		Name of Contact ANDREW MCCLOSKEY		Telephone Number 856-812-8045	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSEG LINDEN						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 4001 SOUTH WOOD AVE						Square Feet N/A		# of Floors N/A		Bldg. Age N/A	
City (5) LINDEN NJ				County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCHING STATION			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) WRS ENVIRONMENTAL SERVICES					
Street Address N/A				City, State, Zip Code N/A		Street Address 17 OLD DOCK RD		City, State, Zip Code YAPHANK NY 11980		Telephone No. 631-924-8111	
Project Manager for Monitoring Firm N/A				Telephone No.		License No. 01136		Name of OSHA Monitor WRS ENVIRONMENTAL SERVICES			
Start Date (10) 5/20/2019		Scheduled Completion Date (11) 6/20/2019		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 type="checkbox"/> Other - Describe: _____							
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"/> 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		Enclosure	
		Yes No N/A						Removal Repair Encapsulate			
SWITCHING STATION YARD				DUCT BANK		150LFT		X			
Name of Registered Waste Hauler WASTE MANAGEMENT OF NJ				NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS- FAIRLESS LANDFILL			
City, State NEWARK NJ				Disposal Date TBD		City, State MORRISVILLE, PA 19067					
Completed by PEDRO GUERRA				Title SUPERVISOR		Signature 		Date 5/6/2019			

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

PAID



Date of Notification (1) 05/08/2019		Name of Building Owner/Operator (2) Borough of Hawthorne						
Agencies Notified	Type Notification	Street Address 445 Lafayette Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne, NJ 07506						
		Name of Contact Eric Maurer	Telephone Number 973-427-1168					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Borough of Hawthorne - Municipal Building		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, etc.)						
Street Address 445 Lafayette Avenue		Square Feet 10,000	# of Floors 2					
City (5) Hawthorne		Bldg. # 50+						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Municipal Building						
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc					
Street Address 20-21 Wagaraw Road, Bldg. 35E		Street Address 265A Route 46 Suite 3D						
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	Telephone No. 973-256-7010					
Start Date (10) 05/20/2019		Scheduled Completion Date (11) 05/25/2019	License No. 0666					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Bako Construction & Restoration, Inc						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied: work Hours Mon-Fri: 3pm-11:30pm		Street Address 265A Route 46 Suite 3D						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> WRAP & CUT <input checked="" 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Boiler Room	X			Asbestos rope, gaskets	<10 SF			
Boiler Room	X			Boiler Rib Insulation	<3 SF	X		
Name of Registered Waste Hauler Bako Const. & Rest. Inc/Newark Carting, Inc		NJDEP Waste Hauler ID No. 20889/4509	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Hills Landfill/Waste Man				
City, State Totowa, NJ		Disposal Date TBD	City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager	Signature 			Date 05/08/2019		