State of NJ Notification of Asbestos Abatement KLOMAX Job# 19-93 (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 0 5 /0 6 /1 9 Agencies Notified Karen Oleson Type Notification Street Address ☐ EPA Initial LICENSING DEP Amendment City, State, Zip Code DOL. Amendment # Kenilworh, NJ 07033 Emergency (includ DOH DOH Name of Contact justification) ☐ DCA Telephone Number Cancellation Karen Oleson **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) Residential School (K - 12) Street Address Subchapter 8 (Other 1 an K-12) Other (Private/Comme sial Bldgs./Homes, etc. City (5) Square Feet County (6) # of Floors Bldg. Age County Code (7) 1,200 sf 55 (State use only) Kenilworh, NJ 07033 Current Use (Prior if being dem lished) Union Name of Monitoring Firm Hired by Bldg. Owner (8) Residential ASCM No. Name of Abatement Contractor (9) N/A Street Address KLOMAX, LLC Street Address City, State, Zip Code 309 W. End Ave. City, State, Zip Code Project Manager for Monitoring Firm Hopatcong, NJ 07843 Phone Number Telephone Number License Numbe 833-4KLOMAX Scheduled Start Date (10) 02007 Sched. Completion Date (11) Name of OSHA Monitor 05/16/2019 KLOMAX, LLC 05/23/2019 Occupancy Status During Abatement (Check only one) Street Address Facility closed/vacated during entire period of abatement. 309 W. End Ave. Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Other-Describe: Normal hours Hopatcong, NJ 07843 Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag proc lure 3 sf or >3 If≥160 sf or ≥260 lf Mini-enclosure Non-Exempted (") Non-friat Is location normally used solely ; procedure Location of asbestos-containing by maintenance/custodial E material to be staff(12) Description of asbestos-containing Amount n abated in facility (13) material (ACM) m (Specify SF or n Yes C No N/A 0 C a a Basement p Pipe Insulation 90 LF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste KLOMAX, LLC Name of Registered Landfill 038241 2 yds City, State Fairless Hills Disposal Date Hopatcong, NJ 07843 City, State TBD Completed by (Print or Type) Tullytown, PA Title Signature Paige Boylan Owner Date 05/06/2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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USA Environmental Management							Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.										
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8436 Enterprise Ave)						1123 BEAVE	R STREET									
City, State, Zip Code							City, State, Zip C					_					
Philadelphia, PA 19	153						BRISTOL, PA										
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.			-					
Mark Jenkins				21	5-365	5-5810	215-788-6040	0	00509								
Start Date (10)	5	Schedule					Name of OSHA N	Monitor				-	-				
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Occupancy Status During							Street Address			-		-					
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City, State							Disposal Date	City, State				-					
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Date of Notification (1) 05/08/2019			Name JJ C	Name of Building Owner/Operator (2) JJ Operating Inc. MAY D									-	世	
Agencies Notified Type Notification	on			Address West 3	4th Stre	et Suite	210	06		ASBEST	BESTOS CONTRI				
DEP Amended Amended Amendme				ate, Zip	Code NY 1012	20		NG	del tali que les	and to see the see.					
DOH Emergence justification Cancellati		g	Name	of Contact	ct		Telephone Number 212-265-5570								
I total					FORMAT	ION				12-200-	0010				
Name of Facility Where Abatement is Tak Lawrence Shopping Center Uni	ing Place	(3) CVS					Туре	of Facility	(4)					200,000	
Street Address 2495 Brunswick Pike								School (K-Subchapte	r 8 (Oth	er than K-	12)	angueso mir			
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Name of Monitoring Firm Hired by Building RK Occupational & Enviro. Anal	ASCI 000			Name of Abatement Contractor (9) Bako Construction & Restoration, Inc							-	10210. 20			
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		Telepho	one N	o.		License	No.								
Start Date (10) 05/23/2019	908-454-6316 mpletion Date (11)			973-256-7010 Name of OSHA Monitor				0666	150000						
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City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code												
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