

PAID

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 0026

Date of Notification (1) 12 / 11 / 18		Name of Building Owner / Operator (2) D&R HOBOKEN, LLC					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 414 JEFFERSON STREET		City, State, Zip Code CARLSTADT, NJ 07072					
Name of Contact NICHOLAS DINALLO		Telephone Number 201-467-5657					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 414 JEFFERSON STREET		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 bldgs., homes, etc.)					
Street Address 414 JEFFERSON STREET		Building Age 40 +					
City (5) HOBOKEN	County (6) HUDSON	County Code (7)	Square Feet 2,500				
			# Of Floors 3				
			Current Use (Prior if being demolished) RESIDENCE/HOUSE				
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.					
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway					
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936					
Project Mngr. For Monitoring Firm Eric Southerland		Telephone Number 610-891-0114					
Schedul Start Date (10) 12 / 26 / 18		Sched. Completion Date (11) 01 / 31 / 19					
		Telephone Number 973-884-8682					
		License Number 00860					
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8:00AM - 4:30PM MON-FRI		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.					
		Street Address 32 Williams Parkway					
		City, State, Zip Code East Hanover, NJ 07936					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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 TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF & FLASHING	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL			
City, State EAST HANOVER, NJ 07936		Disposal Date	City, State MORRISVILLE, PA 10967				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 12/18/18		

