

PAID

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

check # 0100

Date of Notification (1) 05 / 20 / 19		Name of Building Owner / Operator (2) STEVENS INSTITUTE OF TECHNOLOGY		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> R E C E I V E MAY 21 2019 <small>ASBESTOS CONTROL & LICENSING</small> </div>					
Street Address 1 CASTLE POINT ON HUDSON		City, State, Zip Code HOBOKEN, NJ 07030							
Name of Contact ROBERT MAFFIA		Telephone Number 201-216-3542							
Agencies Notified		Type of Notification							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	<input type="checkbox"/> Amendment # _____						
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency w/ justification	<input type="checkbox"/> Cancellation							
<input type="checkbox"/> DOL									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY HAYDEN HALL			Type of Facility (4)						
Street Address 1 CASTLE POINT ON HUDSON			<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.)						
City (5) HOBOKEN	County (6) HUDSON	County Code (7)	Square Feet 75,000	# Of Floors 3	Building Age 40+				
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMANN ENVIRONMENTAL			Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC						
Street Address 1600 Route 22 East			Street Address 32 Williams Parkway						
City, State, Zip Code Union, NJ 07038-1597			City, State, Zip Code East Hanover, NJ 07936						
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-688-7800	Telephone Number 973-884-8682		License Number 00860				
Scheduled Start Date (10) 06 / 05 / 19		Sched. Completion Date (11) 08 / 30 / 19							
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 32 Williams Parkway						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____			City, State, Zip Code East Hanover, NJ 07936						
<input checked="" type="checkbox"/> Other - Describe: 8:00AM-6:00PM MON-FRI									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure							
<input type="checkbox"/> ≥3sf or ≥3lf		<input checked="" type="checkbox"/> Mini - Enclosure							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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				
	YES	NO			N/A	R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
4TH FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE & FITTING	460 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4TH FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MIRROR MASTIC	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4TH FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/MASTIC	5,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE & FITTING	410 LF	<input checked="" type="checkbox"/>	<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. 30534	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State EAST HANOVER, NJ		Disposal Date		City, State MORRISVILLE, PA					
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER		Signature <i>Steven Stiles</i>		Date 0 / 20/19			

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	YES	NO	N/A			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
3RD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	5,785 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	460 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	5,165 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	330 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THROUGHOUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS	90 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOW CAULK	2,450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COPING CAULK	1,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLASHING/TAR	645 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"/>			<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"/>

