

**SUSSEX COUNTY MUNICIPAL UTILITIES AUTHORITY
SOLID WASTE COMPLEX
34 SOUTH ROUTE 94
LAFAYETTE, NEW JERSEY 07848**

TELEPHONE (973) 579-6998

FAX (973) 579-7819

ASBESTOS DISPOSAL APPLICATION

NAME OF APPLICANT: _____

ADDRESS: _____

Street Municipality Zip Code
TELEPHONE: (____) (DAY) (____) (NIGHT)

PHYSICAL LOCATION WHERE ABATEMENT IS TAKING PLACE: _____

NAME OF BUILDING OWNER/OPERATOR: _____

MUNICIPALITY: _____

STREET ADDRESS: _____

TYPE OF FACILITY: Residential Commercial School Plant Hospital
Other: Describe _____

TYPE OF ASBESTOS (ACM): Pipe Wrap Insulation Fire Wall Sheetrock
 Siding Roofing Other: Describe _____

CONTRACT/TRANSPORTER INFORMATION

CONTRACTOR NAME: _____

TELEPHONE: (____) LICENSE NO.: _____

PROJECT MANAGER NAME: _____

TELEPHONE: (____)

TRANSPORTER NAME: _____

NJDEP REGISTRATION ID #: _____ NJDEP DECAL#: _____

CONTACT: _____ TELEPHONE: (____)

QUANTITY AND CONTAINMENT METHOD

ESTIMATED: Square Feet Cubic Yards Bags Linear Ft. Lbs. Tons

CHECK ONE: Double Bagged, 6MM w/ACM Warning Label
 Double Lined Container, 6MM w/ACM Warning Label

SIGNATURE OF APPLICANT: _____

DO NOT WRITE BELOW THIS LINE - SCMUA USE ONLY

Approved Denied Additional Information Required
 Disposal Cell _____ Date of Disposal

AUTHORIZED SIGNATURE: _____

STATE OF NEW JERSEY
10 DAY NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

DATE OF NOTIFICATION: _____ INITIAL NOTIFICATION: _____

AGENCY NOTIFIED (Mail Completed Form To): NJ Dept. of Environmental Protection
Division of Solid Waste Management
Enforcement Element
408 East State Street
P.O. Box 414
Trenton, New Jersey 08625

FACILITY INFORMATION

Name of Building Owner/Operator: _____
Address: _____
Location of building if different from above (physical location): _____

OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY ONE):

Facility closed/vacated during abatement Abatement performed outside normal facility hours; describe: _____
 Other; describe: _____

TYPE OF FACILITY (CHECK ONE)

School, K-12 Subchapter 8 other than K-12 Other (private, commercial, home, etc.)
_____ Sq. ft. _____ Number of Floors _____ Building Age _____ Building Use

ATTACH COPY OF DEMOLITION PERMIT IF BEING DEMOLISHED

CONTRACTOR INFORMATION (IF APPLICABLE)

Name of Contractor: _____
Address: _____
City, State, Zip Code: _____
Telephone No.: _____ License No.: _____

MONITOR INFORMATION

Name of Monitoring Firm Hired By Building Owner/Operator: _____
_____ ACM No. _____
Address: _____
City, State, Zip Code: _____

Telephone No.: _____ Project Manager: _____
Scheduled Start Date: _____ Scheduled Completion Date: _____
Name of OSHA Monitor: _____
Address: _____
City, State, Zip Code: _____

SCOPE OF WORK (CHECK ALL THAT APPLY)

Demolition Large Project Small Project Minor Project
 Full Containment With Negative Pressure Mini-enclosure
 Glove Bag Procedure Removal (Siding, Roofing)

(Large Project: >160 SF or >260 LF ACM)
(Small Project: >25 SF or >10<260 LF ACM)
(Minor Project: <25 SF or <10 LF ACM)

Describe location of Asbestos Containing Material (ACM) in facility: _____

Is location used solely by maintenance/custodial staff? Yes No N/A
Description of Asbestos Containing Material (thermal systems, insulation, surfacing, VAT, etc.): _____

Estimated amount to be removed in SF or LF: _____
Estimated amount to be disposed in yards or tons: _____
Abatement Type (check one): Removal Repair Encapsulate Enclosure

TRANSPORTER INFORMATION

Check One: Transport by self Contracted NJDEP Registered Hauler
Name of Registered Hauler: _____
Street, City, State, Zip Code: _____
NJDEP Waste Hauler ID No: _____ Contact: _____

LANDFILL INFORMATION

Name of Registered Landfill: Sussex County MUA Landfill #1913C
34 South Route 94
Lafayette, NJ 07848
Estimated Date of Disposal: _____

SIGNATORY INFORMATION

Print or Type: _____
Completed By: _____
Title: _____
Signature: _____ Date: _____

