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

Date of Notification (1)
_____/_____/_____

Name of Building Owner/Operator (2)

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address

City, State, Zip Code

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

City (5)

Square Feet

# of Floors

Bldg. Age

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10) Scheduled Completion Date (11)
_____/_____/_____

Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
   Time of Abatement: ______AM-____PM/____PM-____AM

City, State, Zip Code

Army, State, Zip Code

Scope of Work (Check all that apply)
☐ >3 sf or >3 lf
☐ >160 sf or >260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

Location

Yes

No

N/A

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

Removal

Repair

Encapsulate

Enclose

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Disposal Date

City, State

Completed By (Print or Type)

Title

Signature

Date

ASB-41
JAN 13

* Do not use this form for asbestos licensure exempted activities.