

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 <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address | | | | | | | | |
| 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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | Street Address | | | | | |
| | | | City, State, Zip Code | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 | Removal | Repair | Encapsulate |
| | <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"/> |
| 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 | | | |