

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii.)

Date of Notification (1)		Name of Building Owner / Operator (2)	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address		Telephone Number
	City, State & Zip Code		
	Name of Contact		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
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 Number	Telephone Number	License Number	
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor NA		
Occupancy Status During Abatement (Check all that apply) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address NA		
			City, State & Zip Code NA		

Scope of Work (Check all that apply)

Full Containment Glove Bag

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Enter only Square Footage	Enter only Lineal Footage
			<i>sf</i>	<i>lf</i>
			<i>sf</i>	<i>lf</i>
			<i>sf</i>	<i>lf</i>
			<i>sf</i>	<i>lf</i>
			<i>sf</i>	<i>lf</i>
			<i>sf</i>	<i>lf</i>
			<i>sf</i>	<i>lf</i>
			<i>sf</i>	<i>lf</i>
			<i>sf</i>	<i>lf</i>
TOTALS			SF	LF

Completed By (Print or Type)	Title	Signature	Date
------------------------------	-------	-----------	------