

**THE SUSSEX COUNTY
MUNICIPAL UTILITIES AUTHORITY**

**ASBESTOS
DISPOSAL
APPLICATION
AND FORMS**

Dear Applicant:

The Sussex County Municipal Utilities Authority provides for the proper disposal of asbestos and/or materials containing asbestos which are generated within Sussex County. The Authority accepts these materials for disposal, providing all application procedures are followed in accordance with State and Federal rules and regulations.

Because asbestos requires special handling, disposal at the SCMUA's Landfill is by appointment only. With the exception of emergency situations, asbestos is only received at the SCMUA on **Friday mornings at 10:00 AM**. Please submit application to Mr. Jonathan Morris, SW Superintendent for review, @ jmorris@scmua.org with cc: tkronski@scmua.org or call 973-579-6998. After application is approved, a disposal date for will be confirmed by Solid Waste Superintendent. If you are unable to keep your appointment or find that you will be late, please notify Mr. Morris as soon as possible.

If you should need additional information about the proper disposal of asbestos and/or asbestos containing materials, please do not hesitate to call or refer to the NJDEP webpage at <http://www.nj.gov/dep/dshw/rntp/asbestos.htm>

Sincerely,

Jonathan Morris
Superintendent of Solid Waste Facilities

ASBESTOS DISPOSAL PROCEDURES

The disposal of asbestos and materials containing asbestos requires special handling and is governed by State and Federal rules and regulations. The SCMUA has prepared this packet of information and forms to assist you with the disposal process. These procedures are in compliance with NJAC 8:60-7 and 12:120-7; EPA 40 CFR 61.145 through CFR 61.155; and the Sussex County District Solid Waste Management Plan.

The Authority accepts asbestos and materials containing asbestos under the following conditions:

- A. The waste is generated within Sussex County
- B. All requested information in the application is provided.
- C. The applicant includes/submits a copy of a completed "State of New Jersey 10 Day Notification of Asbestos Abatement" form.
- D. The applicable department of health inspector provides a Notification of Approval prior to the scheduled disposal date. This is required for commercial haulers and asbestos remediation companies.
- E. **Asbestos and materials containing asbestos have been properly contained as required by law. NO LOOSE ASBESTOS OR MATERIALS CONTAINING ASBESTOS WILL BE ACCEPTED AT THE SCMUA'S LANDFILL AT ANY TIME. ALL MATERIAL MUST BE DOUBLE BAGGED OR CONTAINED IN A DOUBLE-LINED CONTAINER USING A MINIMUM BAG OR LINER THICKNESS OF 6MM. ALL BAGS MUST BE SEALED AND LABELED.**
- F. **Applicant must make an appointment for disposal with the SCMUA. The Authority accepts asbestos and materials containing asbestos each Friday at 10:00 a.m., BY APPOINTMENT ONLY. Please call Mr. Jonathan Morris, SCMUA Solid Waste Superintendent, at 973-579-6998, Extension 112 or jmorris@scmua.org. If you are unable to keep this appointment or find that you will be late, please notify Mr. Morris as soon as possible.**
- G. In the event of an emergency, the SCMUA will make provisions for disposal under the following conditions:
 1. Proof of emergency situation is provided in a Form of Notice from Federal, State or local governing agency.
 2. All application information as required is completed and faxed to 579-7819 or hand delivered to the SCMUA at least 24 hours prior to disposal.
- H. Any commercial hauler must have proper and current NJDEP registration number and NJDEP decal and must provide proof of pre-transportation inspection where required.

- I. Where required, a copy of a manifest must accompany the load at the time of disposal and must be presented to the SCMUA weighmaster.
- J. Disposal fee is in accordance with the current tipping rate at the Sussex County Municipal Utilities Authority and is based on the weight of the load. For current rate information, please go to www.SCMUA.org for latest Adopted Rate Schedule, or call 973-579-6998, Extension 101.

If you require any additional information or need assistance completing the application, please feel free to call the SCMUA offices during normal working hours, Monday through Friday, 8:30 a.m. to 4:00 p.m.

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

TELEPHONE (973) 579-6998
EMAIL: jmorris@scmua.org or
tkronski@scmua.org

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):

Pursuant to DCA' s regulation N.J.A.C. 5:23-8, a 10-day notification for any Subchapter 8 project shall be submitted to the DCA at the following address:

Department of Community Affairs
Division of Codes and Standards
Asbestos/Lead Unit
101 South Broad Street
P.O. Box 816
Trenton, NJ 08625-0816
Fax Number (609) 633-1040
Phone Number (609) 633-6224

Pursuant to DOL' s regulation N.J.A.C. 12:120-7.2, a 10-day notification for any project over 3 linear feet or 3 square feet involving friable and nonfriable ACM shall be submitted to the DOL at the following address:

Department of Labor
Division of Public Safety & Occupational Safety & Health
Asbestos Control & Licensing Section
P.O. Box 949
Trenton, NJ 08625-0949
Fax Number (609) 633-0664
Phone Number (609) 633-2159

Pursuant to DOH's regulation N.J.A.C. 8:60-7.2, a 10-day notification for asbestos abatement shall be submitted to the DOH at the following address:

New Jersey Department of Health
Indoor Environments Program
Consumer and Environmental Health Services
P. O. Box 369
Trenton, NJ 08625-0369
Fax Number (609) 826-4975
Phone Number (609) 826-4950

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: _____