Sussex County Municipal Utilities Authority
34 South Route 94, Lafayette, NJ 07848
973-579-6998 F: 973-579-7819
www.scmua.org

ASBESTOS DISPOSAL APPLICATION AND FORMS

Dear Applicant:

The Sussex County Municipal Utilities Authority (SCMUA) provides for the proper disposal of asbestos and asbestos-containing materials **generated within Sussex County, New Jersey**. The Authority accepts these materials for disposal provided that all application requirements are completed in accordance with applicable state and federal regulations.

Because asbestos requires special handling, disposal at the SCMUA Landfill is available by appointment only. Except in emergency situations, asbestos is **accepted only on Fridays at 10:00 a.m.**

To schedule a disposal appointment, submit a completed application to Jonathan Morris, Solid Waste Superintendent, at **jmorris@scmua.org**, with a copy to **tkronski@scmua.org** or call **973-579-6998**. Applications must be submitted at least **48 hours before** the requested disposal date to allow sufficient time for review. Once the application has been approved, the Solid Waste Superintendent will confirm your disposal appointment. If you are unable to keep your scheduled appointment or expect to arrive late, please notify Mr. Morris as soon as possible by calling **973-579-6998**.

For additional information regarding the proper handling and disposal of asbestos or asbestos-containing materials, please contact the SCMUA or visit the New Jersey Department of Environmental Protection (NJDEP) asbestos webpage at **http://www.nj.gov/dep/dshw/rrtp/asbestos.htm**.

Sincerely,

Jonathan Morris

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 6l.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, New Jersey.

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 48 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 this link SUSSEX COUNTY MUNICIPAL UTILITIES AUTHORITY or our website at WWW.SCMUA.ORG>Solid Waste>Waste Disposal Rates and Applications>Solid Waste Rate Schedule 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 Administrative 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 FAX (973) 579-7819
EMAIL: jmorris@scmua.org or
tkronski@scmua.org

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

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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:_____