



ASBESTOS WASTE POLICY

1. Prior to the scheduling of the disposal of asbestos or asbestos containing waste at the Solid Waste Complex, the generator must obtain and complete the necessary forms as listed below:
 - a. Notification of Asbestos Abatement (Form A-1): The original of this is returned by the generator to the Solid Waste Complex
 - b. Request for Disposal (Form A-2): The original of this form is returned by the generator to the Solid Waste Complex. This form identifies the hauler of the asbestos or asbestos containing waste (commercial or private)
 - c. Waste Origin and Destination (Form A-3): Completed by the hauler and presented at the scale house upon delivery of the asbestos or asbestos containing waste for disposal.
2. The Assistant Director of Landfill Operations/Safety Manager may determine that at the point of generation, an inspection of the asbestos or asbestos containing waste is required.
3. After documentation is received and the point of generation inspection has been performed (if necessary) the Assistant Director of Landfill Operations/Safety Manager (or his designee) will schedule the asbestos or asbestos containing waste for disposal.
4. The generator must demonstrate that:
 - a. All asbestos or asbestos containing waste shall have been mixed or coated with water or an aqueous solution immediately prior to being sealed in leak-tight containers (such as 6mil plastic bags). **Red containers or red bags are not permitted.**
 - b. All waste to be disposed of is double bagged and taped closed. **Red bags are not permitted.**
 - c. Bags are labeled in a clear and visible manner with a warning label that states:

CAUTION

CONTAINS ASBESTOS

AVOID OPENING OR BREATHING CONTAINER BREATHING

ASBESTOS IS HAZARDOUS TO YOUR HEALTH

- d. Oversized material that cannot be bagged must be wrapped and sealed in plastic sheeting and have an asbestos warning label attached to the outer surface of the package.
5. Before transporting, the exterior of the containers is to be free of all loose asbestos. Furthermore, the bags are not to be opened and are to be handled and shipped in a manner to prevent damage or rupture to the bags.
6. Temporary roll off cans may be used if permanent containers (bags) are sealed and do not rupture during loading, transport, unloading and burying operations. These containers must be properly covered for transport to the Solid Waste Complex.
7. Other than homeowners performing asbestos abatement at their own residences and hauling material in their own vehicles, a registered solid waste hauler shall be used to transport asbestos or asbestos containing waste. The homeowner exemption will require the transfer of the material from the homeowner's vehicle to an operations vehicle at a secure area of the Solid Waste Complex due to restricted access at the working face of the landfill by unregistered (NJDEP) vehicles.
8. The scale transition ticket/receipt shall serve as a "Certificate of Acceptance" by the Solid Waste Complex.
9. All deliveries of asbestos or asbestos containing waste are subject to inspection prior to acceptance at the Solid Waste Complex.

Main Office
745 Lebanon Road
Millville, NJ 08332



Solid Waste Complex
169 Jesse Bridge Road
Rosenhayn, NJ 08352

REQUEST FOR DISPOSAL FORM

Name: _____

Private Commercial
(Please mark one)

Address: _____

Telephone: _____ Type of Material: _____

Tag & Type of Vehicle to be used (Non-commercial, private only): _____

COPY OF LETTER OF INTENT TO THE STATE OF NEW JERSEY IS ATTACHED

Yes No (Will Follow)

Signature of Responsible Party: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Health Department Informed: Yes No Date: _____

Pre-Inspection Date: _____

Documentation in Order: Yes No

Assigned Load: _____

Disposal Cell Number: _____

APPROVED

NOT APPROVED

Verified By: _____ Date: _____

Contact: Sal DeFrancisco
Assistant Director Landfill Operations/Safety Manager
856.825.3700 x2020 or 856.498.2152
sdefrancisco@theauthoritynj.com

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			