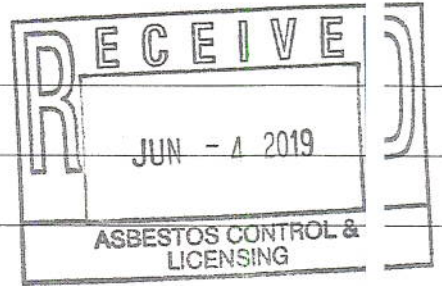


CH56031

**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6-3-19 <i>inv# 11556</i>		Name of Building Owner/Operator (2) VIRTUA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 WEST STOW ROAD	
		City, State, Zip Code MARLTON, NJ 08053	
		Name of Contact PAT GIORDANO	Telephone Number 856-355-0923

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) VIRTUA MEMORIAL HOSP - NUCLEAR MEDICINE SUITE 2		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)	
Street Address 175 MADISON AVENUE		Square Feet 20,000	# of Floors 1
City (5) MT. HOLLY		Bldg. Age +/-50	
County (6) BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) MEDICAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES
Street Address 700 TURNER INDUSTRIAL WAY		Street Address 2251 FRALEY STREET	
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILA., PA 19137	
Project Manager for Monitoring Firm DON HEIM	Telephone No. 610-787-0702	Telephone No. 215-533-5155	License No. 01166
Start Date (10) 6-4-19	Scheduled Completion Date (11) 6-30-19	Name of OSHA Monitor VERTEX	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 700 TURNER INDUSTRIAL WAY
	City, State, Zip Code ASTON, PA 19014

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) <i>TO BE ABATED</i>	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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
NUCLEAR MEDICINE SUITE 2			X	MASTIC	320	X			

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA	
City, State OXFORD VALLEY, PA		Disposal Date		City, State LIBSON, OH	
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 		Date 6.3.19