

Inv 16210  
Ch 26015

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

Print Form	
RECEIVED	
NOV 22 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/21/2019		Name of Building Owner/Operator (2) Cahill							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Parlin, NJ 08859							
Name of Contact Jackie Cahill		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		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, homes, etc.)							
Street Address [REDACTED]		Square Feet 1400							
City (5) Parlin, NJ 08859		# of Floors 1							
County (6) Middlesex		Bldg. Age 75 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Crosswicks, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No. 609 298-4070		Telephone No. 609 259-9688							
License No. 00493		Name of OSHA Monitor MECS							
Start Date (10) 12/3/2019		Scheduled Completion Date (11) 12/6/2019							
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 <input checked="" type="checkbox"/> Other - Describe: 8am - 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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 checked="" 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	Enclosure
Living Room		X		VAT	216 sf	X			
Back Bedroom		X		VAT	224 sf	X			
Center Bedroom		X		VAT	120 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 12/6/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 11/21/2019			

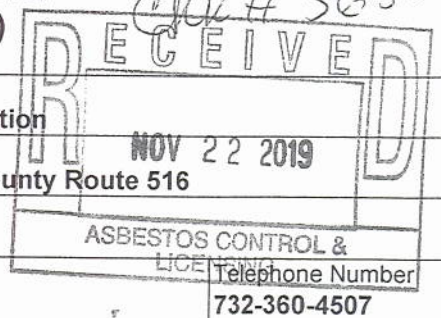


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

*Inv 16209*

**PAID**

*chk # 3655*



Date of Notification (1) <b>11/19/2019</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>	
Agencies Notified	Type Notification	Street Address <b>Patrick Torre Administration Bldg, County Route 516</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Matawan, NJ 07747</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Mr. Frank Frazzitta</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>732-360-4507</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) <b>Old Bridge High School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address <b>4209 County Road 516</b>		Square Feet <b>150,000</b>
City (5) <b>Matawan</b>	County (6) <b>Middlesex</b>	# of Floors <b>1</b>
County Code (7)		Bldg. Age <b>60+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection Inc.</b>		Current Use (Prior if being demolished) <b>School</b>
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>
City, State & Zip Code <b>Trenton, NJ 08010</b>		Street Address <b>1123 Beaver Street</b>
Project Manager for Monitoring Firm <b>Rollie Jones</b>	Telephone Number <b>609-392-4200</b>	City, State & Zip Code <b>Bristol, PA 19007</b>
Scheduled Start Date (10) <b>11/29/2019</b>	Scheduled Completion Date (11) <b>11/29/2019</b>	Telephone Number <b>(215) 788-6040</b>
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 Hours – 7am to 3pm Describe: <b>7:00AM to 3:30PM</b> <input type="checkbox"/> Facility Occupied During Abatement		License Number <b>00509</b>
Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		Street Address <b>1123 Beaver Street</b>
		City, State & Zip Code <b>Bristol, PA 19007</b>

Scope of Work (Check all that apply)

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

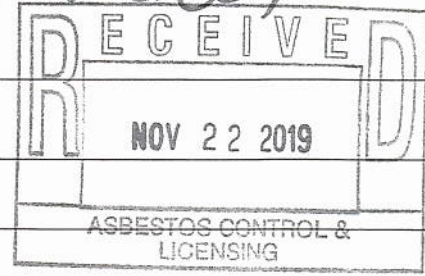
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 238	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fume Hood	10 SF	<input type="checkbox"/>	<input checked="" 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"/>	<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 <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>&lt; 1 yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Yardley, PA</b>	Disposal Date <b>11/29/2019</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>11/19/2019</b>



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

INV 110207



Date of Notification (1) 9 / 12 / 19		Name of Building Owner/Operator (2) Virtua	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Stow Rd 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) Our Lady of Lourdes-Willingboro		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 and commercial buildings, homes, etc.)	
Street Address 218 Sunset Road		Square Feet >50,000	
City (5) Willingboro		# of Floors 5	Bldg. Age 30+
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		Name of Abatement Contractor (9) Delta/BJDS, Inc	
Street Address 700 Turner Way, Suite 105		Street Address 1345 Industrial Blvd	
City, State, Zip Code Aston, Pa 19014		City, State, Zip Code Southampton Pa 18966	
Project Manager for Monitoring Firm David Brown	Telephone No. 610 558-8902	Telephone No. 215 322-2900	License No. 00783
Start Date (10) 9 / 26 / 19	Scheduled Completion Date (11) 12 / 31 / 19	Name of OSHA Monitor Criterion	
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 - Describe Time of Abatement: 7AM- PM/ PM-7AM <i>Monday - Sunday</i>		Street Address 400 Street Road City, State, Zip Code Bensalem Pa 19020	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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) TO BE ABATED 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	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please See Attach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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 Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State 58 Pyles Lane New Castle DE			Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Christine Del Viscio	Title Asst. Administrator	Signature <i>Christine Del Viscio</i>	Date 11-21-2019		

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
1st Floor Medical Records office	YES	NO	N/A				
North End Office	X						
1st Fl. G Wing Respiratory Therapy area Storage Closet							
Through out	X						
1st Fl-H Wing Hallway		12x12 Gray Floor Tile with black mastic (Bottom Layer)					
Custodial break room			100 SF	X			
Custodial break room	X	9 X 9 tan floor tile w/black mastic	100 SF	X			
5th Fl. E Wing Tower/Supply Closet							
Through out	X	12 X 12 Floor tile w/Black Mastic Below Carpet	120 SF	X			
3rd Floor-E Wing Tower Office							
Through out	X	Mastic a/w 12x12 orange floor tile (top Layer)	50 SF	X			
Through out	X	12X12 white floor tile w/black mastic bottom layer	50 SF	X			
2nd Floor - E Wing Tower Office							
Through out	X	12X12 White Floor Tile w/Black Mastic Bottom Layer	80 SF	X			
1st Floor Psychiatric shower rooms	X	3shower rooms @ 50 SF Floor Tile and Mastic	150 SF	X			
Room E-187	X	Floor tile and Mastic	240 SF	X			



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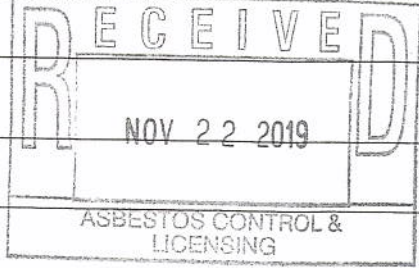
Date of Notification (1) <b>9 / 12 / 19</b>		Name of Building Owner/Operator (2) <b>Virtua</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>NOV 22 2019</b>   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>20 Stow Rd</b>			
		City, State, Zip Code <b>Marlton NJ 08053</b>				Name of Contact <b>Pat Giordano</b>			
						Telephone Number <b>856 355-0923</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Our Lady of Lourdes-Willingboro</b>				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 and commercial buildings, homes, etc.)					
Street Address <b>218 Sunset Road</b>									
City (5) <b>Willingboro</b>				Square Feet <b>&gt;50,000</b>	# of Floors <b>5</b>				
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Bldg. Age <b>30+</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Delta/BJDS, Inc</b>					
Street Address <b>700 Turner Way, Suite 105</b>				Street Address <b>1345 Industrial Blvd</b>					
City, State, Zip Code <b>Aston, Pa 19014</b>				City, State, Zip Code <b>Southampton Pa 18966</b>					
Project Manager for Monitoring Firm <b>David Brown</b>		Telephone No. <b>610 558-8902</b>		Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>				
Start Date (10) <b>9 / 26 / 19</b>		Scheduled Completion Date (11) <b>11 / 30 / 19</b>		Name of OSHA Monitor <b>Criterion</b>					
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 - Describe Time of Abatement: <b>AM-7PM / PM-3AM</b>				Street Address <b>400 Street Road</b>					
				City, State, Zip Code <b>Bensalem Pa 19020</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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) <b>TO BE ABATED</b> 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	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Please See Attach</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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 <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>58 Pyles Lane New Castle DE</b>				Disposal Date	City, State <b>Waynesburg, Ohio</b>				
Completed By (Print or Type) <b>Christine Del Viscio</b>		Title <b>Asst. Administrator</b>		Signature <i>Christine Del Viscio</i>		Date <b>12-16-2019</b>			

RECEIVED

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
1st Floor Medical Records office	YES						
North End Office	NO						
1st Fl.-G Wing Respiratory	N/A	9x9 Black Floor Tile w/black mastic below Carpet(Only a portion of the room will be abated)	400 SF	X			
Therapy area Storage Closet							
Through out	X						
1st Fl.-H Wing Hallway		12x12 Gray Floor Tile with black mastic (Bottom Layer)	100 SF	X			
Custodial break room							
Custodial break room	X	9 X 9 tan floor tile w/black mastic	100 SF	X			
5th Fl. E Wing Tower/Supply Closet							
Through out	X	12 X 12 Floor tile w/Black Mastic Below Carpet	120 SF	X			
3rd Floor-E Wing Tower Office							
Through out	X	Mastic a/w 12x12 orange floor tile (top Layer)	50 SF	X			
Through out	X	12X12 white floor tile w/black mastic bottom layer	50 SF	X			
2nd Floor -E Wing Tower Office							
Through out	X	12X12 White Floor Tile w/Black Mastic Bottom Layer	80 SF	X			
1st Floor Psychiatric shower rooms	X	3shower rooms @ 50 SF Floor Tile and Mastic	150 SF	X			



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>9 / 12 / 19</b>		Name of Building Owner/Operator (2) <b>Virtua</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 Stow Rd</b>	
		City, State, Zip Code <b>Marlton NJ 08053</b>	
		Name of Contact <b>Pat Giordano</b>	Telephone Number <b>856 355-0923</b>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Our Lady of Lourdes-Willingboro</b>		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 and commercial buildings, homes, etc.)	
Street Address <b>218 Sunset Road</b>		Square Feet <b>&gt;50,000</b>	# of Floors <b>5</b>
City (5) <b>Willingboro</b>		Bldg. Age <b>30+</b>	
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex Environmental</b>		Name of Abatement Contractor (9) <b>Delta/BJDS, Inc</b>	
Street Address <b>700 Turner Way, Suite 105</b>		Street Address <b>1345 Industrial Blvd</b>	
City, State, Zip Code <b>Aston, Pa 19014</b>		City, State, Zip Code <b>Southampton Pa 18966</b>	
Project Manager for Monitoring Firm <b>David Brown</b>	Telephone No. <b>610 558-8902</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>
Start Date (10) <b>9 / 26 / 19</b>	Scheduled Completion Date (11) <b>11 / 30 / 19</b>	Name of OSHA Monitor <b>Criterion</b>	
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 - Describe Time of Abatement: <b>AM-7PM / PM-3AM</b>		Street Address <b>400 Street Road</b>	
		City, State, Zip Code <b>Bensalem Pa 19020</b>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" 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) TO BE ABATED 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	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Please See Attach</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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"/>

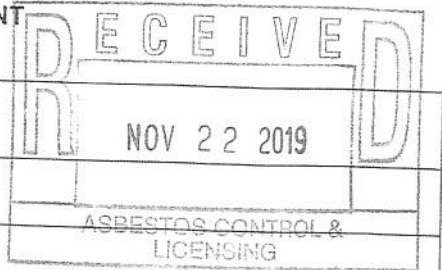
  

Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>58 Pyles Lane New Castle DE</b>			Disposal Date	City, State <b>Waynesburg, Ohio</b>	
Completed By (Print or Type) <b>Christine Del Viscio</b>	Title <b>Asst. Administrator</b>	Signature <i>Christine Del Viscio</i>	Date <b>10-10-2019</b>		

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
IN-FACILITY							
1st Floor Medical Records office	YES						
North End Office	NO						
	N/A						
1st Fl. - E Wing Respiratory		9x9 Black Floor Tile w/black mastic below Carpet(Only a portion of the room will be abated)	400 SF	X			
Therapy area Storage Closet							
Throughout	X	12x12 Gray Floor Tile with black mastic (Bottom Layer)	100 SF	X			
1st Fl.-H Wing Hallway							
Custodial break room							
Custodial break room	X	9 X 9 tan floor tile w/black mastic	100 SF	X			
5th Fl. E Wing Tower/Supply Closet		12 X 12 Floor tile w/Black Mastic					
Throughout	X	Below Carpet	120 SF	X			
3rd Floor -E Wing Tower Office							
Throughout	X	Mastic a/w 12x12 orange floor tile (top Layer)	50 SF	X			
Throughout	X	12X12 white floor tile w/black mastic bottom layer	50 SF	X			
2nd Floor -E Wing Tower Office							
Throughout	X	12X12 White Floor Tile w/Black Mastic Bottom Layer	80 SF	X			



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 9 / 12 / 19		Name of Building Owner/Operator (2) Virtua					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Stow Rd City, State, Zip Code Marlton NJ 08053 Name of Contact Pat Giordano Telephone Number 856 355-0923					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Our Lady of Lourdes-Willingboro		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 and commercial buildings, homes, etc.)					
Street Address 218 Sunset Road		Square Feet >50,000					
City (5) Willingboro		# of Floors 5					
County (6) Burlington		Bldg. Age 30+					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No.					
Street Address 700 Turner Way, Suite 105		Name of Abatement Contractor (9) Delta/BJDS, Inc					
City, State, Zip Code Aston, Pa 19014		Street Address 1345 Industrial Blvd					
Project Manager for Monitoring Firm David Brown		City, State, Zip Code Southampton Pa 18966					
Telephone No. 610 558-8902		Telephone No. 215 322-2900					
Start Date (10) 9 / 26 / 19		License No. 00783					
Scheduled Completion Date (11) 11 / 30 / 19		Name of OSHA Monitor Criterion					
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 - Describe Time of Abatement: 7AM-4PM/ PM- AM		Street Address 400 Street Road					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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		City, State, Zip Code Bensalem Pa 19020					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Please See Attach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill			
City, State 58 Pyles Lane New Castle DE		Disposal Date	City, State Waynesburg, Ohio				
Completed By (Print or Type) Christine Del Viscio	Title Asst. Administrator	Signature <i>Christine Del Viscio</i>	Date 9-12-2019				

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LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
1st Floor Medical Records office	YES						
North End Office	X						
2019							
1st Fl. G Wing Respiratory Therapy area Storage Closet		9x9 Black Floor Tile w/black mastic below Carpet(Only a portion of the room will be abated)	400 SF	X			
Through out	X						
1st Fl-H Wing Hallway		12x12 Gray Floor Tile with black mastic (Bottom Layer)	100 SF	X			
Custodial break room	X						
		9 X 9 tan floor tile w/black mastic	100 SF	X			
5th Fl. E Wing Tower/Supply Closet							
Through out	X	12 X 12 Floor tile w/Black Mastic Below Carpet	120 SF	X			
3rd Floor-E Wing Tower Office							
Through out	X	Mastic a/w 12x12 orange floor tile (top Layer)	50 SF	X			
Through out	X	12X12 white floor tile w/black mastic bottom layer	50 SF	X			
2nd Floor -E Wing Tower Office							
Through out	X	12X12 White Floor Tile w/Black Mastic Bottom Layer	80 SF	X			