no CK	NOTI	FICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MENT	DE	GE		5						
Pate of Notification (1)		Name of Building Owner/Operato Atlantic City Electric Comp				(2) I any		OCT 2	4 201	9	4					
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment #_ Emergency (including			Street Address 5100 Harding Highway City, State, Zip Code Mays Landing, NJ 0833					ASBESTOS CONTROL & LICENSING							
DOH justification) Cancellation				Name of Contact Jesse O'Donnell				Telephone Number 201-960-0211								
Name of Facility Where A	Abatement is Taking	g Place (3	3)	FAC	ILITY INFO	DRMAT	ION	Type of	Facility (4)							
Street Address 1240 Route 77	-					School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,										
City (5) Upper Deerfield						Square Feet # of Floors Bldg. Age NA NA NA NA										
County (6) Cumberland					Code (7) USE ONLY)			Current	rrent Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Vertex				ASCM No.				ame of Abatement Contractor (9)								
Street Address 700 Turner Industria					Street	reet Address 03 B National Road										
City, State, Zip Code Aston, PA 19014							City, State, Zip Code Exton, PA 19341									
Project Manager for Monitoring Firm Dave Turotsy				Telephone No. 610-558-8902			Telephone No. License No. 484-872-8884 01161									
Start Date (10) 10/25/19	ed Cor	ompletion Date (11)			Name of OSHA Monitor EMSL											
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement							Street Address 200 Route 130 North									
Abatement Performed Outside of Normal Facility Hours Other – Describe: Work in segregated area, depending or					City State Zin Co					60 P						
Scope of Work (Check Al ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renova Demoli				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
Is Location of Norm				ally				_ f				Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Maint Custor			intena todial (12)	nice/ Staff?		os Cont thermal surfa	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure		
Public right	Yes	No	N/A	N/A Tran			duit		30 SF	X	+-					
				(on 2 power poles 1			15 SF Each)									
Name of Registered Waste Hauler Hydrochem PSC				JDEP Waste Cubic of Was 2												
City, State Waterworks, NJ							sal Date City, State Egg Harbor Township, NJ									
Completed by Jack Bally	12 NA					Land Control of the C			Signature Date 10/23/19							
ASB-41 (R-06-08)		-1		ψ)			1600		form for a	sbestos licen				ties.		

Print Form