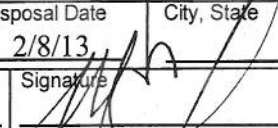


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

CK # 25046

Date of Notification (1) <u>1/28/13</u>		Name of Building Owner/Operator (2) <u>Institute for Advanced Study</u>					
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 <u>Einstein Drive</u>					
		City, State, Zip Code <u>Princeton, NJ 08540</u>					
		Name of Contact <u>Keith Sapp</u>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <u>West Building</u>		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 <u>Einstein Drive</u>		Square Feet <u>20,000</u>	# of Floors <u>3</u>				
City (5) <u>Princeton</u>		Bldg. Age <u>50</u>					
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>research lab</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>William Weisgarver Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>				
Start Date (10) <u>2/7/13</u>	Scheduled Completion Date (11) <u>2/8/13</u>	Name of OSHA Monitor <u>MECS</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>					
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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			
				Removal	Repair	Encapsulate	Enclosure
<u>basement mechanical room</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<u>pipe fittings</u>	<u>18 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>			
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>2/8/13</u>	City, State <u>Tullytown, PA.</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>1/28/13</u>				

OK  
520472

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

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Date of Notification (1) 1/29/13		Name of Building Owner/Operator (2) J.C. Penney Corporation, Inc.	
Agencies Notified  ( X ) EPA ( X ) DOL ( X ) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 6501 Legacy Drive Drive	
		City, State, Zip Code Plano, TX 75024	
		Name of Contact Robert D. Beaird Jr.	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) J.C. Penney Store #700 - Quaker Bridge Mall		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 500 Quaker Bridge Mall		Sq. Feet 162600 # of Floors 2	
City (5) Trenton	County (6) Mercer	County Code (7) (State Use Only)	
		Bldg. Age 37 +/- Current Use (prior if being demolished) commercial	

Name of Monitoring Firm Hired by Bldg. Owner (8) Hillmann Consulting, LLC	ASCM No. 00023	Name of Contractor (9) NCM Demolition and Remediation, LP	
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Street Address 1600 Route 22 East		Street Address 404 N. Berry Street	
City, State, Zip Code Union, NJ 07083		City State, Zip Code Brea, CA 92821	

Project Manager for Monitoring Firm Craig Abrams	Telephone Number 908-688-7800	Telephone Number 484-480-8931	License Number 01066
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Scheduled Start Date (10) 2/17/2013	Scheduled Completion Date (11) 2/18/2013	Name of OSHA Monitor Testor Tech	
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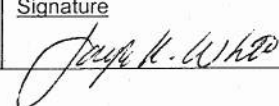
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours -		Street Address 10 59 Jackson Ave.	
Describe Vacant Bldg. To Be Demolished		City, State, Zip Code L.I.C. New York, 11101	
Other - Describe Interior Renovations			

Source of Work (Check all that apply)

( ) Demolition (X) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
 (X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure ( ) Non-Friable Outdoor Work

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
2 <sup>nd</sup> Level		X		Flooring Mastics	1600	X			

Name of Reg. Waste Hauler Waste Management of NJ	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 10	Name of Reg. Landfill G.R.O.W.S. Landfill
City, State 208 Patterson Avenue		Disp. Date 2/22/13	City, State Morrisville, PA

Completed by (Print or Type) Joe White	Title Project Coordinator	Signature 	Date 1/29/13
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**Notification of Demolition or Renovation.....(continued)**

**X. Description of Planned Demolition or Renovation Work and Methods to be Used:**  
 Abatement associated with interior renovations in accordance with ACM Engineering Controls.

**XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site:**  
 Isolate work areas from Non-work areas, establish negative air for regulated removal areas, wet materials during removal operations, use Hepa equipped vacumms for final cleaning procedures, double bag regulated acm wastes.

**XII. Waste Transporter#1 Waste Management**

Address: 208 Patterson Avenue  
 City: Trenton County: Mercer State: NJ Zip: 08610  
 Contact: Timothy Varga Telephone:

**Waste Transporter#2**

Address  
 City County State Zip  
 Contact Telephone

**XIII. Waste Disposal Site GROWS North Landfill** EPA Certification Number: 101680

Address: 1000 New Ford Mill Road  
 City: Morrisville County: State: PA Zip: 19067  
 Contact: Lorie May Telephone: 412-269-5370

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name Title  
 Authority  
 Date of Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY) 5-16-12 (HH:MM) 9:00 am

Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm.

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder**

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

**XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).**

*Joseph L. W. HD*  
 (Signature of Owner/Operator) (Date) 1/29/13

**XVIII. I Certify that the Above Information is Correct**

*Joseph L. W. HD*  
 (Signature of Owner/Operator) (Date) 1/29/13