

NO CK

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

RECEIVED
 2015 NOV -6 AM 9:56
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) November 02, 2015		Name of Building Owner/Operator (2) MACK-CALI REALTY CORPORATION	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	100 Clearbrook Road, Suite 275	
		City, State, Zip Code	
		Elmsford, NY 10523-1108	
		Name of Contact	Telephone Number
		Damian Finley, P.E.	(856) 244 - 1133

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)		
Street Address		<input type="checkbox"/> School (K-12) Subchapter 8 (Other than K-12)		
1 Lake St.		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Upper Saddle River, NJ		Square Feet	# of Floors	Bldg. Age
		100,000	3	
County (6) Bergen		County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished)
				vacant

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address		Street Address		
907 Doolittle Drive		1500 Kings HWY N, STE 209		
City, State, Zip Code		City, State, Zip Code		
Bridgewater, NJ 08807		Cherry Hill, NJ 08034		

Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
Eric Houseknecht		(908) 218-1108	(973) 759 - 5000	00781
Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor	
11/2/15	1/2/16		The MACK Group, LLC.	

Occupancy Status During Abatement (Check Only One)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		1500 Kings HWY N, STE 209		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: _____		Cherry Hill, NJ 08034		

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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) In Facility (13) TO BE ABATED	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
1st floor		<input checked="" type="checkbox"/>		tile & mastic	29,448 sf	<input checked="" type="checkbox"/>			
3rd floor		<input checked="" type="checkbox"/>		-"	81,628 sf	<input checked="" type="checkbox"/>			
4th floor		<input checked="" type="checkbox"/>		-"	56,750 sf	<input checked="" type="checkbox"/>			
5th floor		<input checked="" type="checkbox"/>		-"	30,925 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler		NJ DEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Newark Carting / Freehold Cartage		22253	1987.5	Cumberland Co./ BFI / GROWS / TRRF	
City, State		Disposal Date		City, State	
Newark / Freehold, NJ		1/2/16		Newburg / Imperial / Morrisville, PA	
Completed by		Title	Signature	Date	
Michael Cooper		President		11/2/15	

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 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

1412

RECEIVED
 2015 NOV -6 AM 9:56
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) October 19, 2015		Name of Building Owner/Operator (2) MACK-CALI REALTY CORPORATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 100 Clearbrook Road, Suite 275							
		City, State, Zip Code Elmsford, NY 10523-1108							
Name of Contact Damian Finley, P.E.			Telephone Number (856) 244 - 1133						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building Street Address 1 Lake St. City (5) Upper Saddle River, NJ			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.) Square Feet: 100,000 # of Floors: 3 Bldg. Age: _____						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant					
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. Street Address 907 Doolittle Drive City, State, Zip Code Bridgewater, NJ 08807		ASCM No. _____		Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034					
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108		Telephone No. (973) 759 - 5000 License No. 00781					
Start Date (10) 11/2/15		Scheduled Completion Date (11) 1/2/16		Name of OSHA Monitor The MACK Group, LLC.					
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 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> _____ <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	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
1st floor		<input checked="" type="checkbox"/>		tile & mastic	29,448 sf	<input checked="" type="checkbox"/>			
2nd floor		<input checked="" type="checkbox"/>		"-	57,679 sf	<input checked="" type="checkbox"/>			
3rd floor		<input checked="" type="checkbox"/>		"-	81,628 sf	<input checked="" type="checkbox"/>			
4th floor		<input checked="" type="checkbox"/>		"-	56,750 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 2564.3	Name of Registered Landfill Cumberland Co./ BFI / GROVS / TRRF				
City, State Newark / Freehold, NJ		Disposal Date 1/2/16		City, State Newburg / Imperial / Morrisville, PA					
Completed by Michael Cooper		Title President		Signature 		Date 10/19/15			