

LETTER OF RELIANCE

November 23, 2020

PRIVILEGED AND CONFIDENTIAL

Dan Lince Environmental Manger Rental Development Division Michigan State Housing Development Authority 735 East Michigan Avenue Lansing, Michigan 48912

RE: Asbestos Abatement Closeout Report:

1514-1520 White St., 1521 State St., 701-719 Henry St., Ann Arbor, Report

N100-0010, Report Date 08/05/2019

Dear Mr. Lince:

Please find enclosed the Asbestos Abatement Closeout Report for the subject property dated 08/05/2019 to the Michigan State Housing Development Authority.

It is my understanding that the information contained in the Asbestos Abatement Closeout Report will be used by the Authority in considering proposed financing of residential development of the subject property and, furthermore, that the Authority may rely upon the Asbestos Abatement Closeout Report as if it were issued to the Authority.

I **represent** that the attached is a true, correct and complete copy of the Asbestos Abatement Closeout Report for the above captioned property and that the report represents my professional opinion of the site as of this date and that I meet the definition of an Environmental Professional as defined in Section 312.10 of 40 CFR 312. I also **represent** that the Asbestos Abatement Closeout Report including the evaluation, recommendations, and conclusions as of this date has been performed in accordance with the project plans/specifications and applicable regulations.

Sincerely, Environmental Consulting Solutions, LLC

Lule T. For

Andrew J. Foerg, CPG President

environmental consulting solutions 523 W. Sunnybrook Drive, Royal Oak, Michigan 48073

August 5, 2019

Mr. Kevin McCarthy Norstar Development USA, L.P. 733 Broadway Albany, New York 12207

Re: Asbestos Abatement Closeout Report 1514 & 1520 White Street, 1521 State Street, 701, 707, 713 & 719 Henry Street (AKA White-State-Henry) Ann Arbor, Michigan ECS Project N100-0010

Dear Mr. McCarthy:

Environmental Consulting Solutions, LLC (ECS) is pleased to submit this Asbestos Abatement Closeout Report for the White-State-Henry development in Ann Arbor, Michigan. The asbestos abatement work took place from May 22 to May 31, 2019.

Previous NESHAP asbestos surveys indicated that floor tile, linoleum, chimney mortar and/or caulk in several of the units were found to contain asbestos.

The project plans/specifications called for abatement of all ACMs prior to demolition activities.

ECS contracted American Environmental Consultants (AEC) to perform asbestos abatement oversight and air monitoring. Asbestos abatement activities were conducted by Environmental Maintenance Engineers (EME) under contract to Norstar Building Corporation.

Please refer to Attachment 1 for the AEC Air Monitoring Report and Attachment 2 for the EME Abatement Closeout Documents which include copies of the Notices of Intent to Renovate/Demolish that were filed with the state.

ECS reviewed the documents and concludes that all identified ACMs were abated in accordance with project plans/specifications and applicable regulations. AEC concluded "All clearance samples were below the applicable Environmental Protection Agency (EPA) clearance standards and the areas were deemed safe for re-occupancy".

Thank you for the opportunity to provide this service to you. If you have any questions, please contact us at 248-763-3639.

Sincerely, ENVIRONMENTAL CONSULTING SOLUTIONS, LLC

Awer J. Forg

Andrew J. Foerg, CPG President

Enclosures

ATTACHMENT 1

AEC AIR MONITORING REPORT



14301 Meyers Rd. Detroit, MI 48227 Office (313) 491-2600 Fax (313) 491-2601

July 8, 2019

Environmental Consulting Solutions 523 W. Sunnybrook Dr Royal Oak, MI 48073

RE: White State Henry Ann Arbor, MI Date: May 22-31, 2019 AEC Project Number: 1478-19003

Dear Mr. Andy Foerg,

American Environmental Consultants (AEC), LLC conducted air sample collection and analysis for the asbestos abatement at White State Henry, Ann Arbor, Michigan. These samples were collected and analyzed in accordance with the Environmental Protection Agency and protocols described in the NIOSH 7400 Method.

The report describes samples collected during and after the removal of asbestos. All clearance samples were below applicable Environmental Protection Agency (EPA) and State of Michigan clearance standards and the areas were deemed safe for re-occupancy. The predetermined areas met and exceeded these standards.

We appreciate your business and look forward to working with you on future projects. If you have any questions please feel free to contact us at our office at 313-491-2600.

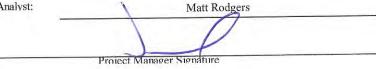
Sincerely, American Environmental Consultants, LLC

GW

Jef Fox Project Manager

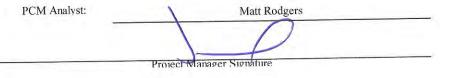
Client Name City / State /			nental Consulting Solutions Oak, MI 48073	Project Name: Project Location:			State Her 4 White	nry	Project N City / Sta				78-1900 n Arbor,		Sample Collect			/2019 Rodgers
Filter ECA:		mm2	Microscope Field	d Area:			0.00785	mm2 P	roject Cor	itact:		And	lrew Fo	erg	Contra	ctor:	E	ME
Lab Sample #	Field	Туре		Location	Activity	Fibers	Fields	Adjusted Fibe Count	r Fibers per mm ²	Flow	v Rate (L	/min)	Time (24 Hour	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Lao Sumpre »	Sample #	-) [*						Count	mm	Start	Stop	Ave.	Start	Stop	Total			
	1	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	3	STEL	C.	Treglown	REM	5	100	10	12.7	2.00	2.00	2.00	0714	0744	30	60.00	0.0817	< 0.0817
	4	Р	C.	Treglown	REM	9	100	10	12.7	2.00	2.00	2.00	0744	1200	256	512.00	0.0096	< 0.0096
	5	OSWA	2nd	Floor Hall	REM	7	100	10	12.7	10.00	10.00	10.00	0709	1301	352	3520.00	0.0014	< 0.0014
	6	OSWA		Bagout	REM	7	100	10	12.7	10.00	10.00	10.00	0709	1301	352	3520.00	0.0014	< 0.0014
	7	IWA	Lower Unit ((Right) Living Room	CL	14	100	14	17.8	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0057
	8	IWA	Low Un	it (Left) Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0049
	9	IWA	1st Floor	r Commun Area	CL	12	100	12	15.3	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0049
	10	IWA	Base	ment Middle	CL	11	100	11	14.0	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0045
Total	Blind																	
Samples 10	Recount 7	< <enter sa<="" td=""><td>mple Number Here</td><td></td><td></td><td>14</td><td>100</td><td>14</td><td>17.8</td><td></td><td></td><td>10.00</td><td>]</td><td></td><td>120</td><td>1200.00</td><td>0.0041</td><td>0.0057</td></enter>	mple Number Here			14	100	14	17.8			10.00]		120	1200.00	0.0041	0.0057
OSWA	Sample Types Activ						d		PC	M Analy	st:		1		Ma	att Rodgers		

		Sample Types		1 44 14 14 1	
OSWA	=	Outside Work Area	BKGD	=	Background
IWA	-	Inside Work Area	REM	=	Removal
1WA	-	Personal	CL	=	Clearance
CTTT1		Short Term Exposure Limit	PA	=	Post Abatement
STEL	-	HEPA Exhaust	GB	=	Glovebag
HEPEX			B/O	=	Bag Out
FB	-	Field Blank	AMB	=	Ambient
NA-PF	-	Not Analyzed / Pump Failure	PREP	-	Work Site Prep
NA-OLF	-	Not Analyzed / Overloaded Filter	CU	-	Clean Up
NA-WDF	=	Not Analyzed / Water Damaged Filter			Clean op



Client Name: City / State /		\$	nental Consulting Solutions Oak, MI 48073	Project Name: Project Location:			State Her 20 White	nry	Project N City / Stat				78-1900 Arbor,		Sample Collecto			/2019 Rodgers
Filter ECA:		mm2	Microscope Field	d Area:			0.00785	mm2 P	roject Con	tact:		And	rew Fo	erg	Contra	ctor:	El	ME
Lab Sample #	Field	Туре		Location	Activity	Fibers	Fields	Adjusted Fibe Count	r Fibers per mm ²	Flow	Rate (L/	min)	Time (24 Hour	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Ente Guilipre	Sample #							Count		Start	Stop	Ave.	Start	Stop	Total			
	1	FB				0	100											FB AV
	2	FB				0	100		1							1.4.1		0.0000
	3	STEL	A	. Gallow	REM	4	100	10	12.7	2.00	2.00	2.00	0710	0740	30	60.00	0.0817	< 0.0817
	4	Р	A	. Gallow	REM	6	100	10	12.7	2.00	2.00	2.00	0740	1240	300	600.00	0.0082	< 0.0082
	5	OSWA	Ext	terior Rear	REM	1	100	10	12.7	2.00	2.00	2.00	0706	1300	354	708.00	0.0069	< 0.0069
	6	OSWA	Basen	nent Stairwell	REM	10	100	10	12.7	2.00	2.00	2.00	0706	1304	358	716.00	0.0068	< 0.0068
	7	OSWA	Ext	terior Front	REM	2	100	10	12.7	2.00	2.00	2.00	0711	1304	353	706.00	0.0069	< 0.0069
	8	IWA	Upper	(Left) Kitchen	CL	16	100	16	20.4	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0065
	9	IWA	Upper ((Right) Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0049
	10	IWA	Lower	Kitchen (Right)	CL	11	100	11	14.0	10.00	10.00	10.00	1310	1510	120	1200.00	0.0041	0.0045
	11	IWA	Main	Common Area	CL	14	100	14	17.8	10.00	10.00	10.00	1310	1510	120	1200.00	0.0041	0.0057
	12	IWA	Base	ement Middle	CL	10	100	10	12.7	10.00	10.00	10.00	1311	1511	120	1200.00	0.0041	< 0.0041
Total Samples	Blind																	
12	6	<>Enter Sa	mple Number Here			10	100	10	12.7			2.00	1		358	716.00	0.0068	< 0.0068

		Sample Types		Activity	/
OSWA	=	Outside Work Area	BKGD	=	Background
		Inside Work Area	REM	220	Removal
IWA	=		CL		Clearance
P	· #	Personal		=	Post Abatement
STEL	(E)	Short Term Exposure Limit	PA		
	(H)	HEPA Exhaust	GB		Glovebag
HEPEX			B/O	=	Bag Out
FB		Field Blank	AMB	-	Ambient
NA-PF	=	Not Analyzed / Pump Failure		-	Work Site Prep
NA-OLF	=	Not Analyzed / Overloaded Filter	PREP	-	
NA-WDF	- 19	Not Analyzed / Water Damaged Filter	CU	=	Clean Up

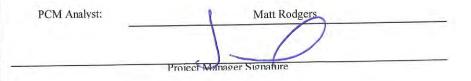


AIR SAMPLING LOG AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

Client Name:			mental Consulting Solutions Oak, MI 48073	Project Name: Project Location:			State Hei State Hei		Project N City / Stat				78-1900 Arbor,		Sample Collect			/2019 Fox
City / State /	21p: 385 1	_	Microscope Fiel				0.00785	mm2	Project Con	tact:		And	lrew Fo	erg	Contra	ctor:	E	ME
ilter ECA:	Field	Туре	10000	Location	Activity	Fibers	Fields	Adjusted Fibe Count	Fibers per mm ²	Flov	v Rate (L	/min)	Time (24 Hour	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Lab Sample #	Sample #	Type	4					Count	IIIII	Start	Stop	Ave.	Start	Stop	Total			
		FB	-			0	100											FB AV
	1					0	100											0.0000
	2	FB	n	-+ Ohavia	REM	1.5	100	10	12.7	2.00	2.00	2.00	0853	0923	30	60.00	0.0817	< 0.0817
	3	STEL	-	at Oboyle	REM	1.5	100	19.5	24.8	2.00	2.00	2.00	0923	1418	295	590.00	0.0083	0.0162
	4	Р		at Oboyle ent Cheney	REM	5	100	10	12.7	2.00	2.00	2.00	0910	0940	30	60.00	0.0817	< 0.0817
	5	STEL			REM	8	100	10	12.7	2.00	2.00	2.00	0940	1418	278	556.00	0.0088	< 0.0088
	6	Р	Bi	ent Cheney	KEW	0	100	10										
					-		-		1		-							
	1				-		-	-	-	1								
		_	1		-	-				-		1						
			-		-	-	-		-	-	-	-						
								-		-	1			-	-			1
						-					-		1	1	-	1		-
							-		_	-	-						1	
Total Samples	Blind Recount						1	1	1 10.5	1		2.00	1		278	556.00	0.0088	< 0.0088
6	6	< <enter s<="" td=""><td>ample Number Her</td><td>e</td><td></td><td>7</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>2.00</td><td>1</td><td></td><td></td><td></td><td>1 2710 200</td><td>1</td></enter>	ample Number Her	e		7	100	10	12.7			2.00	1				1 2710 200	1
		Sample Tvi			Activity					M Anal	uate					Jef Fox		
OSWA IWA	-	Outside Work Inside Work A	Area	BKGD REM CL		Backgrou Removal Clearance			PC	M Anai	yst:				-	Jerrox	7	
P STEL HEPEX FB		Personal Short Term Ex HEPA Exhaus Field Blank	t	PA GB B/O	=	Post Abat Glovebag Bag Out Ambient	ement						1	at Marrie		otura /		
NA-PF NA-OLF NA-WDF		Not Analyzed	/ Pump Failure / Overloaded Filter / Water Damaged Filter	AMB PREP CU	-	Work Site Clean Up	Prep						Protec	er Wans	ver Sigi			

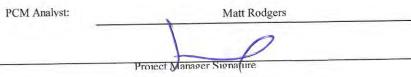
Client Name: City / State /			nental Consulting Solutions Oak, MI 48073	Project Name: Project Location:			State Her 707 Henr		Project N City / Sta				78-1900 Arbor,		Sample Collect			2019 Rodgers
filter ECA:	385		Microscope Field	d Area:			0.00785	mm2	Project Con	tact:		And	rew Fo	erg	Contra	ctor:	EN	мЕ
	Field			Location	Activity	Fibers	Fields	Adjusted Fib		Flow	Rate (L/	min)	Time (24 Hour	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Lab Sample #	Sample #	Туре		Location	1			Count	mm ²	Start	Stop	Ave.	Start	Stop	Total			
	1	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	3	STEL	D.	Walerski	REM	6	100	10	12.7	2.00	2.00	2.00	0704	0734	30	60.00	0.0817	< 0.0817
	4	Р	D	. Walerski	REM	4	100	10	12.7	2.00	2.00	2.00	0734	1131	237	474.00	0.0103	< 0.0103
	5	OSWA	707 E	xterior Freont	REM	3	100	10	12.7	10.00	10.00	10.00	0710	1450	460	4600.00	0.0011	< 0.0011
	6	OSWA	707 1	Exterior Rear	REM	2	100	10	12.7	10.00	10.00	10.00	0710	1450	460	4600.00	0.0011	< 0.0011
	7	OSWA	707 1	Base Landing	REM	10	100	10	12.7	10.00	10.00	10.00	0710	1450	460	4600.00	0.0011	< 0.0011
	8	IWA	713 Upp	er (Left) Kitchen	CL	14	100	14	17.8	10.00	10.00	10.00	0750	0950	120	1200.00	0.0041	0.0057
	9	IWA	713 Lowe	er (Right) Kitchen	CL	16	100	16	20.4	10.00	10.00	10.00	0751	0951	120	1200.00	0.0041	0.0065
	10	IWA	713 Main C	ommon Area (Front)	CL	14	100	14	17.8	10.00	10.00	10.00	0751	0951	120	1200.00	0.0041	0.0057
	11	IWA	713 Ba	asement Middle	CL	15	100	15	19.1	10.00	10.00	10.00	0754	0954	120	1200.00	0.0041	0.0061
	12	Р	D	. Walerski	REM	4	100	10	12.7	2.00	2.00	2.00	1240	1500	140	280.00	0.0175	< 0.0175
Total	Blind																	
Samples 12	Recount 5	<>Enter Sa	mple Number Here			3	100	10	12.7			10.00			460	4600.00	0.0011	< 0.0011

		Sample Types		Activity		
OSWA	=	Outside Work Area	BKGD	=	Background	
			REM	-	Removal	
IWA	-	Inside Work Area	CL	-	Clearance	
P	=	Personal		-	Post Abatement	
STEL	=	Short Term Exposure Limit	PA			
HEPEX	1.40	HEPA Exhaust	GB	-	Glovebag	
		Field Blank	B/O		Bag Out	
FB	-		AMB	100	Ambient	
NA-PF	=	Not Analyzed / Pump Failure		-	Work Site Prep	
NA-OLF	223	Not Analyzed / Overloaded Filter	PREP		Clean Up	
NA-WDF	-	Not Analyzed / Water Damaged Filter	CU	=	Clean Ob	



Client Name		5	nental Consulting Solutions Oak, MI 48073	Project Name: Project Location:			State Hei 701 Henr		Project N City / Sta				78-1900 Arbor, 1		Sample Collecto			2019 todgers
ilter ECA:		mm2	Microscope Field	d Area:			0.00785	mm2	Project Con	tact:		And	rew Foe	erg	Contra	ctor:	EN	ИE
Lab Sample #	Field	Туре		Location	Activity	Fibers	Fields	Adjusted Fit Count	er Fibers per mm ²	Flow	Rate (L/1	min)	Time (2	24 Hour	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Lao Sample #	Sample #	-76-						Count	min	Start	Stop	Ave.	Start	Stop	Total			
	1	FB				0	100											FB AV
	2	FB				0	100				-							0.0000
	3	STEL	A	. Gallow	REM	4	100	10	12.7	2.00	2.00	2.00	0710	0740	30	60.00	0.0817	< 0.0817
	4	P	A	. Gallow	REM	4	100	10	12.7	2.00	2.00	2.00	0740	1136	236	472.00	0.0104	< 0.0104
	5	OSWA	701-1	Exterior Front	REM	2	100	10	12.7	10,00	10.00	10.00	0716	1504	468	4680.00	0.0010	< 0.0010
	6	OSWA	701-1	Exterior Rear	REM	4	100	10	12.7	10.00	10.00	10.00	0716	1504	468	4680.00	0.0010	< 0.0010
	7	OSWA	701-1	Base Landing	REM	4	100	10	12.7	10.00	10.00	10.00	0716	1504	468	4680.00	0.0010	< 0.0010
	8	IWA	707- Up	per Left Kitchen	CL	17	100	17	21.7	10.00	10.00	10.00	0804	1004	120	1200.00	0.0041	0.0069
	9	IWA	707- Upp	per Right Kitchen	CL	16	100	16	20.4	10.00	10.00	10.00	0806	1006	120	1200.00	0.0041	0.0065
	10	IWA	707-	- Front Stairs	CL	14	100	14	17.8	10.00	10.00	10.00	0806	1006	120	1200.00	0.0041	0.0057
	11	IWA	707	- Rear Stairs	CL	15	100	15	19.1	10.00	10.00	10.00	0807	1007	120	1200.00	0.0041	0.0061
	12	Р	I	A. Gallow	REM	4	100	10	12.7	2.00	2.00	2.00	1236	1508	152	304.00	0.0161	< 0.0161
Total Samples	Blind																	1
12	5	- < <enter sa<="" td=""><td>mple Number Here</td><td></td><td></td><td>2</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>152</td><td>1520.00</td><td>0.0032</td><td>< 0.0032</td></enter>	mple Number Here			2	100	10	12.7			10.00			152	1520.00	0.0032	< 0.0032

		Sample Types	C	Activity	
OSWA	=	Outside Work Area	BKGD	=	Background
IWA	-	Inside Work Area	REM	=	Removal
D		Personal	CL	÷	Clearance
STEL		Short Term Exposure Limit	PA	=	Post Abatement
HEPEX	1	HEPA Exhaust	GB	=	Glovebag
FB	=	Field Blank	B/O	=	Bag Out Ambient
NA-PF	(H)	Not Analyzed / Pump Failure	AMB	-	Work Site Prep
NA-OLF		Not Analyzed / Overloaded Filter	PREP	-	Clean Up
NA-WDF	=	Not Analyzed / Water Damaged Filter	CU		Cicuit Op



Client Name: City / State /			nental Consulting Solutions Oak, MI 48073	Project Name: Project Location:			State Her 1 Henry	nry	Project N City / Sta				78-1900 Arbor,		Sample Collect			2019 Rodgers
Filter ECA:		mm2	Microscope Fiel				0.00785	mm2 F	Project Con	ntact:		And	rew Fo	erg	Contra	ctor:	EI	ME
	Field			Location	Activity	Fibers	Fields	Adjusted Fibe	er Fibers per mm ²	Flow	/ Rate (L/	min)	Time (24 Hour	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Lab Sample #	Sample #	Туре		Esterion				Count	mm	Start	Stop	Ave.	Start	Stop	Total			
	1	FB				0	100	1										FB AVE
	2	FB				0	100											0.0000
	3	STEL	D	. Walerski	REM	3	100	10	12.7	2.00	2.00	2.00	0709	0739	30	60.00	0.0817	< 0.0817
-	4	P	D	. Walerski	REM	3	100	10	12.7	2.00	2.00	2.00	0739	1200	261	522.00	0.0094	< 0.0094
	5	OSWA	701	Exterior Front	REM	5	100	10	12.7	10.00	10.00	10.00	0716	1146	270	2700.00	0.0018	< 0.0018
	6	OSWA	701-	Exterior Rear	REM	4	100	10	12.7	10.00	10.00	10.00	0716	1146	270	2700.00	0.0018	< 0.0018
	7	OSWA	701-	Base Landing	REM	4	100	10	12.7	10.00	10.00	10.00	0716	1146	270	2700.00	0.0018	< 0.0018
	9	IWA	701- U	Ipper Front Stair	CL	12	100	12	15.3	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0049
	10	IWA	701-1	Jpper Rear Stair	CL	14	100	14	17.8	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0057
	11	IWA	701- Lo	wer Kitchen Right	CL	14	100	14	17.8	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0057
·	12	IWA	701- Lo	wer Landing Rear	CL	15	100	15	19.1	10.00	10.00	10.00	1309	1509	120	1200.00	0.0041	0.0061
						-				-								
Total	Blind																	
Samples 11	Recount 9		umple Number Here	a.		12	100	12	15.3	1		10.00	1		120	1200.00	0.0041	0.0049

		Sample Types		Activity	
OSWA	=	Outside Work Area	BKGD	=	Background
IWA	=	Inside Work Area	REM		Removal Clearance
Р	=	Personal	CL PA	-	Post Abatement
STEL HEPEX	=	Short Term Exposure Limit HEPA Exhaust	GB	-	Glovebag
FB	=	Field Blank	B/O	=	Bag Out Ambient
NA-PF	÷	Not Analyzed / Pump Failure	AMB PREP	-	Work Site Prep
NA-OLF NA-WDF	=	Not Analyzed / Overloaded Filter Not Analyzed / Water Damaged Filter	CU	=	Clean Up



Client Name:			nental Consulting Solutions Oak, MI 48073	Project Name: Project Location:			State He I Henry	nry	Project N City / Stat				78-1900 Arbor,		Sample Collecto			/2019 Rodgers
City / State /			Microscope Fiel				0.00785	mm2	Project Con	tact:		And	rew Fo	erg	Contra	ctor:	El	ME
ilter ECA:	385 1 Field			Location	Activity	Fibers	Fields		er Fibers per	Flow	Rate (L/	min)	Time (24 Hour	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Lab Sample #	Sample #	Туре		Location				Count	mm ²	Start	Stop	Ave.	Start	Stop	Total			1
	1	FB			-	0	100											FB AV
						0	100	-										0.0000
	2	FB STEL		A. Gallow	REM	2	100	10	12.7	2.00	2.00	2.00	0714	0744	30	60.00	0.0817	< 0.0817
	3	P		A. Gallow	REM	3	100	10	12.7	2.00	2.00	2.00	0744	1210	266	532.00	0.0092	< 0.0092
	4	OSWA		Exterior Front	REM	1	100	10	12.7	10.00	10.00	10.00	0706	1201	295	2950.00	0.0017	< 0.0017
	6	OSWA		Exterior Rear	REM	1	100	10	12.7	10.00	10.00	10.00	0706	1201	295	2950.00	0.0017	< 0.0017
	7	OSWA	1521	Upper Landing	REM	3	100	10	12.7	10.00	10.00	10.00	0706	1201	295	2950.00	0.0017	< 0.0017
	8	IWA	1521	Front Stair Top	CL	10	100	10	12.7	10.00	10.00	10.00	1240	1440	120	1200.00	0.0041	< 0.0041
	9	IWA	1521	Rear Stair Low	CL	14	100	14	17.8	10.00	10.00	10.00	1240	1440	120	1200.00	0.0041	0.0057
	10	IWA	1521	Rear Stair Top	CL	14	100	14	17.8	10.00	10.00	10.00	1243	1443	120	1200.00	0.0041	0.0057
	11	IWA	15	21 Basement	CL	10	100	10	12.7	10.00	10.00	10.00	1243	1443	120	1200.00	0.0041	< 0.0041
																		-
Total Samples	Blind Recount												1			1		
11	8	< <enter s<="" td=""><td>ample Number Her</td><td>e</td><td></td><td>10</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td>1</td><td></td><td>120</td><td>1200.00</td><td>0.0041</td><td>< 0.0041</td></enter>	ample Number Her	e		10	100	10	12.7			10.00	1		120	1200.00	0.0041	< 0.0041
		_							-									
OSWA IWA P STEL HEPEX FB NA-PF NA-OLF		Sample Typ Outside Work A Personal Short Term Ex HEPA Exhaus Field Blank Not Analyzed	Area rea posure Limit	BKGD REM CL PA GB B/O AMB PREP	<u>Activity</u> = = = = = =	Backgrou Removal Clearance Post Abat Glovebag Bag Out Ambient Work Sitte Clean Up	ement		PC	M Anab	yst:	-	Proie) ct Mana	M oper Stor	att Rodgers		

Sample Types		11001110		PCM Analyst:	Matt Rod
Samme Types Outside Work Area Inside Work Area Personal Short Term Exposure Limit HEPA Exhaust Field Blank Not Analyzed / Overloaded Filter Not Analyzed / Water Damaged Filter	BKGD REM CL PA GB B/O AMB PREP CU	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Background Removal Clearance Post Abatement Glovebag Bag Out Ambient Work Sire Prep Clean Up	PCM Analyst.	Project Manager Stonature

AMERICAN ENVIRONMENTAL CONSULTANTS, LLO	С
DAILY PROJECT LOG	

Date: 5-22-19 Start Time: 0700 AEC Representative: M. Rodgers
Site Name: White State HENRY Ann Arbor, MI
Site's Full Address: 1514 Henry Ann Arbor. MI
Work Areas (Be Specific): Basements, Common AREAS AND Kitchens. 104
Contaminant(s) of Concern: As 15 15 15 15
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK.
The following narrative provides a daily account of the activities performed during the work shi Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed Work area setup previously completed Abatement completed No set up activities required Abatement currently taking place
If set up or abatement was previously completed are all controls intact and properly working: XYes No If no, please explain
Set up: N/A Yes No N/A Yes No N/A Yes Xo N/A Yes No N/A All points of potential fiber release sealed (doors, windows, etc.)

Date: 5-22-19

Containment:	XN/A			
TYes	No	N/A	Sealed poly walls and	ceilings
TYes	No	N/A	Sealed floor and drop	
TYes	No	N/A	Signs and barrier tape	labeled with appropriate contaminant
TYes	No	N/A	HVAC system shutdo	
TYes	No	□N/A		l fiber release sealed (doors, windows, etc.)
TYes	No	□N/A	Water available in co	
Tes	No	□N/A	Containment sealed v	
Tes	No	□N/A	Negative pressure est	
Tes	No	M/A	Decontamination unit	
			Remote or	Attached to containment
			(Airlocks water filtra	tion, 3 chambers w/shower, negative air, signs)
□.V.a.	ΠNο	□N/A	 Constraint and the second secon	
∐Yes	LINO	LINA	Other,	
Glovebags:	XN/A			
TYes		DN/A	Drop cloths	
TYes	No	DN/A	Signs and barrier tap	e labeled with appropriate contaminant
TYes	No	N/A	HVAC system shutdo	own and isolated
TYes	No	N/A	Glovebags sealed wit	h amended water and negative air
Yes	No	N/A		
	2.7			
Clean up:	N/A			
Yes	No	□N/A	HEPA vacuums utiliz	
Yes	No	□N/A	Wet methods utilized	
Yes	No	□N/A	Work area demarcate	ed and isolated from general traffic
Yes	No	□N/A	Other:	1
DI 1 1.		weets area and	nditions that exist not outli	ned shove: NA
Please describe a				
-				
Abatement/	remed	iation acti	vities	
Abat	ement/re	mediation acti	vities conducted	No abatement/remediation activities conducted
Please list the co	ontamina	nt removed, th	e location from which it w	as removed and the quantity removed from each are
Contaminant:		Lo	cation:	Quantity:
			Floor tile	100
ASBESTOS			loor me	

Contaminant: As BESTOS	Location: Floor +: le	, î	Quantity:
ASBESTOS	Chimney mortor		
ASBESTOS	Lino Eum Flooring.		75
ASBESTAS	CAUK AROUND PARels		20
Were wet methods utilizer	I for the removal of the contaminant:	Yes	No
If no, please expl			

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

NA Please provide an explanation of any special circumstances concerning abatement or remediation activities: NA

Clean up/close out activities

		Abatement/remediation being conducted
Yes No [N/A	Gross clean up and material bagging
Yes No [N/A	Bag out activities
Yes No	N/A	All surfaces wet cleaned and/or HEPA vacuumed
Yes No	N/A	All tools, ladders, etc. cleaned with no visible contamination
Yes No	N/A	Final cleaning after all abatement is complete
Yes No	N/A	Final lockdown
Yes No	□N/A	Project teardown (after all clearances and inspections pass applicable standards)
Yes No	□N/A	Other:

Waste handling and disposal

No waste generated
Number of bags, drums, or dumpsters utilized during shift:
Lined dumpster on site
Disposal by contractor off site
Designated storage area on site (other than dumpster); describe:
Material double bagged, fiber drums
Material labeled with appropriate labels
Material wetted
Waste generated was disposed of on site as general construction debris
Other:

Personal protective equipment

Are workers performing activities in which personal protective equipment is required:	Yes	No	
If no, please explain			_

Respiratory protection (check all that apply):

Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator Positive pressure air purifying respirator

Other:

Other personal protective equipment (check all that apply):

Disposable clothing
 Washable clothing
 Hoods
 Safety glasses
 Other:______

Boots Gloves Hard hats Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS	
Were the air monitoring samples analyzed: on site \mathbf{X} , taken to laboratory \Box , or office	
If taken to the laboratory, Name of Laboratory:	
Time and date dropped off:	
-Turn around time indicated on the chain of custody: Please attach copy of chain of custody	
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminant identified in the sampling:	Yes No
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for applicable standards: If no, please explain:	- C.
Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:	
Were there any other construction activities, carpeting, high traffic areas or increased dust concentration area or adjacent areas that could affect the sample results (be specific):	ations in the work
Personal sampling Note: OSHA requires that at least 25% of the work force performing a specific task be mode Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case scenario 2 or more workers sampled- Represents worst case scenario	nitored

Were workers below the OSHA TWA for the contaminant(s) sampled:	Yes No
If no, please explain	

Date: 5-22-19

Clearance sampling Before clearance sampling the following crite	ria MUST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
No dust/debris observed	
Work area locked down	
	The second
Was work area inspected and found clean and	d free of any contaminated debris: 🛛 Yes 🗌 No
If no, please explain	
Did work area pass applicable clearance stand	dards: Ares LINO
Applicable Standard	uideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
EPA FCM Clearance G	uideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Other:	
	*
Abatement Personnel Roster	
Thuttenion i orboni	
Name:	SSN or State Card Number:
Name.	
ANDREW PLAK	
Brent Cheney	A 41305
	A 38685
TONY GAllow	
PAT O'Boyle	A 50125
Chris treglown.	
DAN WALErski	
()	
· · · · · · · · · · · · · · · · · · ·	
	·

American Environmental Consultants, LLC 5

313-491-2600

Date: 5-22-19.

Onsite visit of government officials

Please use the following section to note any comments or additional information not described in this report.

	NA
All information containe	ed in this report is complete and accurate to the best of my knowledge:
Submitted By:	MAH RODGERS
	Printed Name
	ain
	Signature
This postion is recorrised	for any additional comments by the reviewer: NA
This section is reserved	
×	
	JEF Fox
Technical Review By:	Printed Name
	Signature
	6110/19
	Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY White-State-Heary

Site Name: 1514

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

<. 004 Average F/cc (PCM)

_____ Average S/mm² (TEM)

AREAS:

Whole Bldg.

Industrial Hygienist

<u>5-22-19</u> Date

1412

American Environmental Consultants, LLC

7

313-491-2600

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AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: <u>5-23-19</u> Start Time: <u>0700</u> AEC Representative: <u>M. Polgers</u>
Site Name: White State HENRY Ann Arbor, MI
Site Name: White STATE AENEY ARK ALLOR, I'LL
Site's Full Address: 1520 HENRY Ann Arbor. MI
Work Areas (Be Specific): Basements, Common AREAS AND Kitchens. 109
Contaminant(s) of Concern: As 15 15 105
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK.
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed Work area setup previously completed Abatement complete No set up activities required Abatement currently taking place
If set up or abatement was previously completed are all controls intact and properly working: XYes No
If no, please explain
Set up:
Yes No N/A Moving in of equipment and supplies Yes No N/A Set up of poly walls
$\Box Yes \square NA \qquad Set up of floor and drop cloths$
Yes No N/A Set up of signs and barrier tape labeled with appropriate contaminant
Yes No N/A Isolation of HVAC system and shutdown
Yes No N/A All points of potential fiber release sealed (doors, windows, etc.)
Yes No N/A Water available Yes No N/A Containment sealed with no breaches
Yes \square No \square N/A Negative pressure established
Yes No N/A Set up of decontamination unit
Remote or Attached to containment
Yes No N/A (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:

Date: 5-23-19.

Containment:	J/A	
	Io DN/A	Sealed poly walls and ceilings
Yes I	No DN/A	Sealed floor and drop cloths
TYes TN	IO N/A	Signs and barrier tape labeled with appropriate contaminant
TYes Th	Jo N/A	HVAC system shutdown and isolated
TYes Th	No N/A	All points of potential fiber release sealed (doors, windows, etc.)
	No IN/A	Water available in containment
TYes Th	No N/A	Containment sealed with no breaches
	No IN/A	Negative pressure established
	No N/A	Decontamination unit
		Remote or Attached to containment
		(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Yes I	No DN/A	Other:
lovebags:	N/A	
	No N/A	Drop cloths
TYes T	No N/A	Signs and barrier tape labeled with appropriate contaminant
TYes T	No N/A	HVAC system shutdown and isolated
TYes T	No N/A	Glovebags sealed with amended water and negative air
Yes 1	No 🗍 N/A	Other:
Clean up:	N/A	
Yes 🗌	No 🗌 N/A	HEPA vacuums utilized
Yes 🗌	No 🗌 N/A	Wet methods utilized
Yes 🗌	No 🗌 N/A	Work area demarcated and isolated from general traffic
Yes	No 🗌 N/A	Other:
		litic as that switch not surlined above: NA
'lease describe any c	other work area con	aditions that exist not outlined above: N/A
-		
Abatement/ren	adiation activ	vities
Abatement/ren	iculation activ	VILLO

Abatement/remediation activities conducted

No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Location: Floor +: le	Quantity	150
Chimney mortor	/	5
Lino Kum Flooring		70
		20
	Xyes No	
	<u>Floortile</u> <u>Chimpey mortoe</u> <u>Linoleum Flooring</u>	Floor tile

2.9

Date: 5-23-19.

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

NIA Please provide an explanation of any special circumstances concerning abatement or remediation activities: NA

Clean up/close out activities

П			Abatement/remediation being conducted
Yes	No	□N/A	Gross clean up and material bagging
Yes	No	N/A	Bag out activities
Yes	No	N/A	All surfaces wet cleaned and/or HEPA vacuumed
Yes	No	N/A	All tools, ladders, etc. cleaned with no visible contamination
Yes	No	N/A	Final cleaning after all abatement is complete
Yes	No	□N/A	Final lockdown
Yes Yes	No	□N/A	Project teardown (after all clearances and inspections pass applicable standards)
Yes	□No	□N/A	Other:

Waste handling and disposal

Personal protective equipment

Are workers performing activities in which personal protective equipment is required:	Yes	No
If no, please explain		

Respiratory protection (check all that apply):

Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator Positive pressure air purifying respirator Other:

Disposa	ective equipment (check all that a able clothing ble clothing	pply): ⊠Boots ⊠Gloves	
Hoods		Hard hats Safety harnesses, lany	yards, tie offs
lease list any othe	er equipment utilized by workers a	nd/or other safety precautions take	en: N/A
Consultant ac			
Were the air monit	toring samples analyzed: on site D	, taken to laboratory], or office	
If taken to the labo	oratory, Name of Laboratory:		
	Time and date dropped o	ff:	
	Turn around time indicat	ed on the chain of custody: py of chain of custody	
Baseli	toring performed (check all that a ne air samples Was any significant level of the c	ontaminant identified in the sampli	ing: 🗌Yes 🗍No
☐Set up ⊠Work	o samples area samples Were samples below allowable le	evels for applicable standards:	Yes No
Ambie Cleara Person	If no, please explain: ent air samples ance samples (see clearance samp nal samples (see personal samplin :	g section below)	
Were there any of area or adjacent a	ther construction activities, carpet areas that could affect the sample r	ing, high traffic areas or increased results (be specific):	dust concentrations in the wor
Personal samplin Note: O Criteria	g SHA requires that at least 25% of for worker selection: Only worker performing task Workers performing same tas 1 worker samples-Represents 2 or more workers sampled- F	worst case scenario	fic task be monitored
	where he low the OSHA TWA for	the contaminant(s) sampled:	Yes No

American Environmental Consultants, LLC

Date: 5-23-79.

Clearance sampling	
Before clearance sampling the following criter	ria MUST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
Work area locked down	
Was work area inspected and found clean and If no, please explain	free of any contaminated debris: Deres No
Did work area pass applicable clearance stand Applicable Standard	lards: 🖉 Yes 🗌 No
TEPA PCM Clearance Gu	ideline of 0.01 f/cc, utilizing NIOSH 7400 protocol ideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Other:	
	4
Abatement Personnel Roster	
Name:	SSN or State Card Number:
ANDREW PLAK	
Brent Cheney	A 41305
TONY GAllow	A 38685
PAt O'Boyle	A 50125
Chris treglown.	
DAN WAlerski	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	·
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American Environmental Consultants, LLC 5

313-491-2600

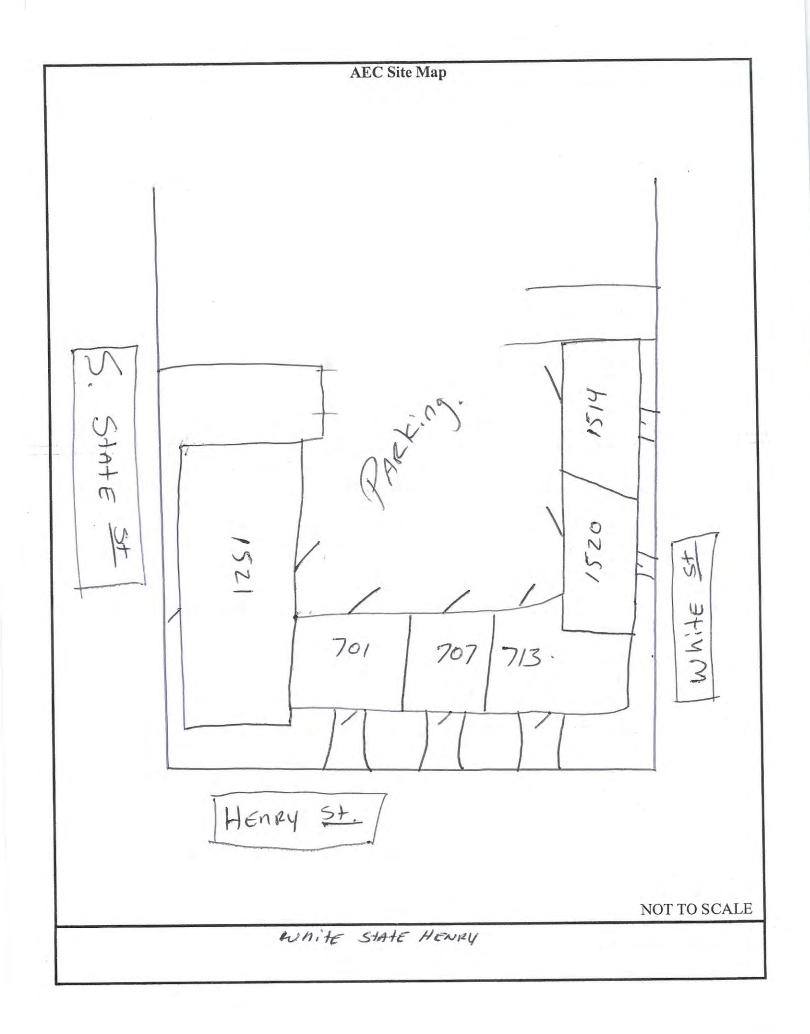
Date: 5-23-19.

Onsite visit of government officials

□N/A		
Name of Person(s):	 	
Employer/Department:		
Time on and off site:	 	
Stated reason for visit:		
Stated reason for visit.		

Please use the following section to note any comments or additional information not described in this report.

	NA
All information contai	ned in this report is complete and accurate to the best of my knowledge:
Submitted By:	MAH RODGERS Printed Name
	ULIO
	Signature
This section is reserve	d for any additional comments by the reviewer: NA
Technical Review By	JUE Fox
I common noview Dy	Printed Name
Technical Review Dy	Printed Ivallie
Technical Review By	
Technical Review By	Signature



AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY White-State-HENRY

Site Name: 1520

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

4.004 Average F/cc (PCM)

Average S/mm² (TEM)

AREAS:

Whole Bldg

Industrial Hygienist

Date

Time

American Environmental Consultants, LLC

7

313-491-2600

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

ate: 5/24/19 5	Start Time:	0700 AEC	C Representative:	Fox
ite Name:n	ITE STAT	E HERRY		
	A .			
ite's Full Address:	ANN	moon MI		· · · · · · · · · · · · · · · · · · ·
Vork Areas (Be Speci	fic): 719			
Ork Areas (De Speer		-		
Contaminant(s) of Con	ncern: As	BESTOS	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
				TAK
The following narra	tive provides	a daily account of th	e activities performe additional information in	d during the work shift the spaces provided
Note: Please che	ck all boxes that	apply and include any a	iduntional information in	the spaces provide
Scope of work				
	_	and the state of the state of the		-Set un
Full abateme		atch and repair	Clean up	Set up
	ent DP k performed	atch and repair	Clean up	Set up
		atch and repair	Clean up	Set up
□No wor Work area □Work area setup ac	k performed tivities performe	⊡Otl d ⊡Work area set	1er:	Abatement complete
☐No wor <u>Work area</u> ☐Work area setup ac ☐No	k performed tivities performe set up activities	⊡Otl d ⊡Work area setu required	ner: Ip previously completed Abatement currently t	Abatement complete
☐No wor <u>Work area</u> ☐Work area setup ac ☐No If set up or abatement wa	k performed tivities performe set up activities s previously con	Otl d Work area setu required [upleted are all controls i	ner: Ip previously completed Abatement currently t ntact and properly work	☐Abatement complete aking place ing: ☑Yes ☐No
☐No wor <u>Work area</u> ☐Work area setup ac ☐No If set up or abatement wa	k performed tivities performe set up activities s previously con	Otl d Work area setu required [upleted are all controls i	ner: Ip previously completed Abatement currently t	☐Abatement complete aking place ing: ☑Yes ☐No
☐No wor <u>Work area</u> ☐Work area setup ac ☐No If set up or abatement wa If no, please exp	k performed tivities performe set up activities s previously con lain	Otl d Work area setu required [npleted are all controls i	ner: p previously completed Abatement currently t ntact and properly work	☐Abatement complete aking place ing: ☑Yes ☐No
✓ ☐No wor <u>Work area</u> ☐Work area setup ac ☐No If set up or abatement wa If no, please exp	k performed tivities performe set up activities s previously con lain	Otl d Overk area setu required I upleted are all controls i Moving in of equipr	ner: Ip previously completed Abatement currently t ntact and properly work	☐Abatement complete aking place ing: ☑Yes ☐No
Work area setup ac Work area setup ac No f set up or abatement wa If no, please exp Set up: Yes No Yes No	k performed tivities performe set up activities s previously con lain lain N/A	☐Oti d ☐Work area setu required [upleted are all controls i Moving in of equipr Set up of poly walls	ner: Ip previously completed Abatement currently t ntact and properly work	☐Abatement complete aking place ing: ☑Yes ☐No
No wor No wor No wor Work area setup ac	k performed tivities performe set up activities s previously con lain lain N/A N/A	☐Ot d ☐Work area setu required [npleted are all controls i Moving in of equipr Set up of poly walls Set up of floor and o	ner: p previously completed Abatement currently t ntact and properly work nent and supplies hop cloths	☐Abatement complete aking place ing: ▲Yes ☐No
Work area setup ac Work area setup ac No If set up or abatement wa If no, please exp Set up: Yes Yes Yes No Yes No Yes No	k performed tivities performe set up activities s previously con lain Iain Iain Iain Iain IA N/A IN/A IN/A	☐Ot d ☐Work area setu required ☐ upleted are all controls i Moving in of equipu Set up of poly walls Set up of floor and o Set up of signs and Isolation of HVAC	ner: p previously completed Abatement currently t ntact and properly work nent and supplies hop cloths barrier tape labeled with system and shutdown	☐Abatement complete aking place ing: ▲Yes ☐No appropriate contamin ant
Work area Work area setup ac Work area setup ac No If set up or abatement wa If no, please exp Set up: Yes Yes Yes No Yes No Yes No Yes No Yes No	k performed tivities performe set up activities s previously con lain N/A N/A N/A N/A N/A	☐Ot d ☐Work area setu required ☐ upleted are all controls i Moving in of equipu Set up of poly walls Set up of floor and o Set up of signs and Isolation of HVAC	ner: p previously completed Abatement currently t ntact and properly work nent and supplies hop cloths barrier tape labeled with system and shutdown	☐Abatement complete aking place ing: ▲Yes ☐No appropriate contamin ant
Work area setup ac Work area setup ac No If set up or abatement wa If no, please exp Set up: Yes Yes Yes No Yes No Yes No	k performed tivities performe set up activities s previously con lain Iain Iain Iain Iain IA N/A IN/A IN/A	☐Ot d ☐Work area setu required	ner: p previously completed Abatement currently t ntact and properly work nent and supplies lrop cloths barrier tape labeled with system and shutdown ial fiber release sealed (o	☐Abatement complete aking place ing: ▲Yes ☐No appropriate contamin ant
Work area Work area setup ac Work area setup ac No Set up or abatement wa If no, please exp Yes No	k performed tivities performe set up activities s previously con lain ain N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	☐Ot d ☐Work area setu required apleted are all controls i Moving in of equipr Set up of poly walls Set up of floor and of Set up of signs and Isolation of HVAC All points of potent Water available Containment sealed	ner: p previously completed Abatement currently t ntact and properly work nent and supplies barrier tape labeled with system and shutdown ial fiber release sealed (of with no breaches	☐Abatement complete aking place ing: ▲Yes ☐No appropriate contamin ant
Work area Work area setup ac No Work area setup ac No No Set up or abatement wa If no, please exp Yes No	k performed tivities performe set up activities s previously con lain N/A N/A N/A N/A N/A N/A N/A N/A	☐Ot d ☐Work area setu required ☐ mpleted are all controls i Set up of poly walls Set up of floor and o Set up of signs and Isolation of HVAC All points of potent Water available Containment sealed Negative pressure e	p previously completed Abatement currently t ntact and properly work nent and supplies borrier tape labeled with system and shutdown al fiber release sealed (of with no breaches stablished	☐Abatement complete aking place ing: ▲Yes ☐No appropriate contamin ant
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Work area Work area setup ac No Work area setup ac No No Set up: Yes No No No Yes No Yyes No Yyes No Yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	k performed tivities performe set up activities s previously con lain	☐ Work area setu required apleted are all controls i Set up of poly walls Set up of floor and c Set up of signs and Isolation of HVAC All points of potent Water available Containment sealed Negative pressure e Set up of decontam ☐ Bemote o	IP previously completed Abatement currently t ntact and properly work nent and supplies borrier tape labeled with system and shutdown al fiber release sealed (of with no breaches stablished ination unit r. Attached to c	☐Abatement complete aking place ing: ▲Yes ☐No appropriate contamin ant loors, windows, etc.)

American Environmental Consultants, LLC

Date: <u></u>

Containment: DN/A				
Yes No	DN/A	Sealed poly walls and ceiling	5	. I Y
Yes No	DN/A	Sealed floor and drop cloths	with appropriate contaminant	
Yes No		HVAC system shutdown and	isolated	
Yes No	and the second se	All points of potential fiber re	elease sealed (doors, windows, etc.)	
Yes No		Water available in containme	nt	
Yes No				
Yes No				
Yes No		Decontamination unit		
Adres drive		Remote or	Attached to containment	
			chambers w/shower, negative air, signs)	
Yes No	$\square N/A$	Other:		6
Glovebags:	A			
TYes No		Drop cloths	Contraction of the Article of the	
TYes No		Signs and barrier tape labele	d with appropriate contaminant	
Yes No		HVAC system shutdown an	d isolated	
\Box Yes \Box N		Glovebags sealed with amer	ided water and negative air	
Yes N	o DN/A	Other:		
Clean up:	/A			
Yes N	The second se	HEPA vacuums utilized		
Yes N		Wet methods utilized	1 + 1 Company traffic	
Yes N	Married .	Work area demarcated and		
Yes N	o []N/A	Other:		-
	1			
Abatement/rem	ediation activ	ities		
and the second second			listing activities conducted	
	t/remediation activ		tement/remediation activities conducted	
Please list the contam	inant removed, the	location from which it was ren	noved and the quantity removed from each	area:
Contaminant:		ation:	Quantity:	
CAULY		EXTERIOR	150.5F	
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				77 1). 10111111111137
		<u></u>	<u>na presidente de la composition de la composit </u>	
4				
and the second second		1 Cul	Yes No	and the second second
Were wet methods u	tilized for the remo	oval of the contaminant:		
If no, pleas	e explain			
· · ·	10			
	Service and the		$\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i$	
1.4		a service and a service of	CARLES BUT SHEETS I HA	a da an an an an an an An Anna Anna Anna An

American Environmental Consultants, LLC

313-491-2600

Date: S/24

313-491-2600

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

1		
TYes	ΠNο	DN/A
TYes	No	DN/A
Yes	No	DN/A
Yes	No	N/A
Yes	No	N/A
Yes	No	\Box N/A
Yes	□No	□N/A
Yes	No	DN/A

Abatement/remediation being conducted	
Gross clean up and material bagging	
Bag out activities	
All surfaces wet cleaned and/or HEPA vacuumed	
All tools, ladders, etc. cleaned with no visible contamination	
Final cleaning after all abatement is complete	
Final lookdown	
Project teardown (after all clearances and inspections pass applicable	
standards)	
Other:	-

Waste handling and disposal

Number of bags, drums, or dumpsters utilized during shift:	No waste generated			- 1. 30	
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels	Number of bags, drums, or dumpsters utilized during sh	nift: <u> </u>			
Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels	Lined dumpster on site				1.11
Material double bagged, fiber drums Material labeled with appropriate labels	Disposal by contractor off site				
Material double bagged, fiber drums Material labeled with appropriate labels	Designated storage area on site (other than dumpster	r); describe:	the second s		
	Material double bagged, fiber drums		"是是我们的是你。"		
Material wetted					24
Waste generated was disposed of on site as general construction deons	Material wetted				
1 Hittic Poneration 1	Waste generated was disposed of on site as general	construction debii	S	안지 않는 것이 같아?	
Other:					1.1

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes DNo If no, please explain_

3

Respiratory protection (check all that apply):

Half face negative pressure air purifying respirator

Full face negative pressure air purifying respirator

Positive pressure air purifying respirator Other:_

American Environmental Consultants, LLC

other personal protective Disposable cl Washable clo	ouning	Boots Gloves	
Hoods	s L	Hard hats Safety harnesses, lanyards	s, tie offs
lease list any other equi	pment utilized by workers and/or other	safety precautions taken:	
Consultant activit			*
Contaminant(s):			
Were the air monitoring	samples analyzed: on site [], taken to	laboratory], or office	
If taken to the laborator	y, Name of Laboratory:		
	Time and date dropped off:		
	Turn around time indicated on the c Please attach copy of chain	hain of custody: of custody	
Baseline air Was a	any significant level of the contaminant	identified in the sampling:	Yes No
Set up samp			□Yes □No
If no	please explain:		
Ambient ai Clearance s Rersonal sa		1 below)	
Were there any other c area or adjacent areas	onstruction activities, carpeting, high tr hat could affect the sample results (be	affic areas or increased dus specific):	st concentrations in the work
Criteria for w	requires that at least 25% of the work f orker selection: Only worker performing task Vorkers performing same tasks		task be monitored
11	worker samples-Represents worst case or more workers sampled- Represents	e scenario worst case scenario	
2. B. 1997	rs below the OSHA TWA for the conta	A TO THE REPORT OF THE PARTY OF T	Yes No
WOIL WOIKC	o, please explain		

American Environmental Consultants, LLC

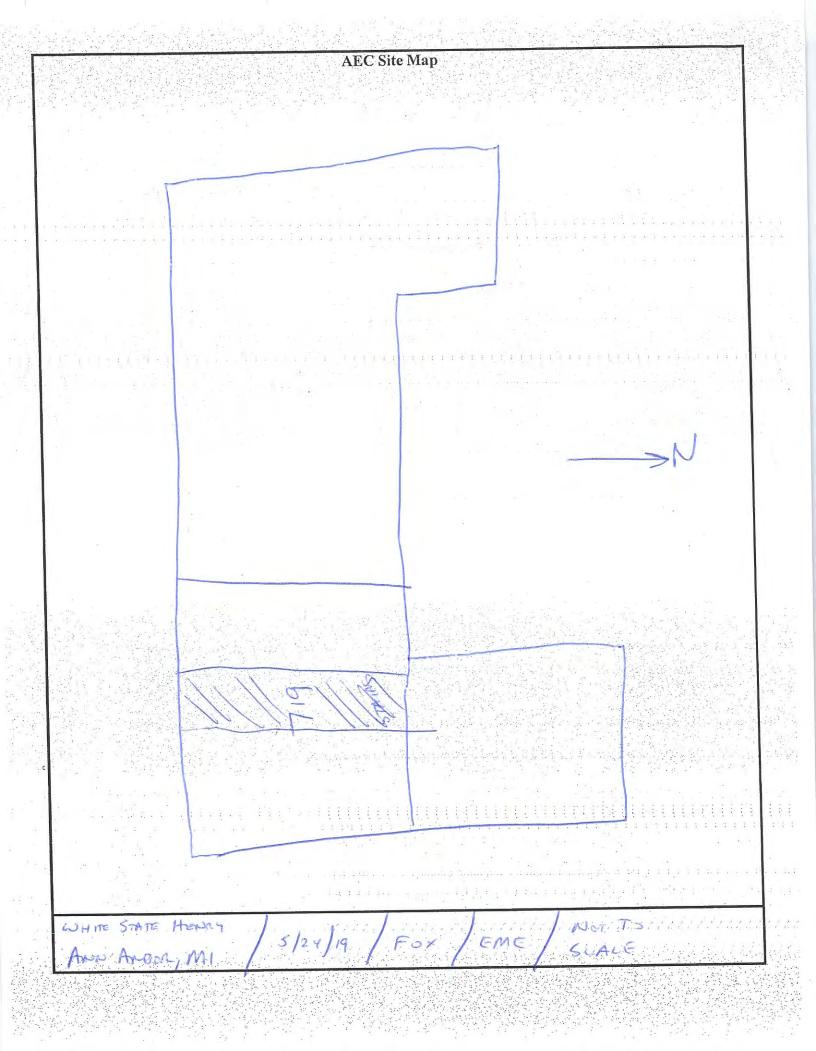
Date: <u>\$/24</u>/19

Was work area inspected and found clean and free of any contaminated debris:	earance sampling Before clearance sampling the follow All surfaces HEPA vacu All surfaces wet cleaned Visual inspection condu No dust/debris observed Work area locked down	umed I cted	J/A	
Applicable Standard	Was work area inspected and found If no, please explain	clean and free of	any contaminated debris:	∕es ∐No
Name: <u>ANDREN PTAR</u> <u>PAT OB072E</u> <u>CHINIC TREGOUN</u> SSN or State Card Number: ()	Applicable Standard EPA PCM Cle EPA TEM Cle A protoc Other:	arance Guideline arance Guideline	of 0.01 f/cc, utilizing NIOSH 7 of 70 S/mm ² , utilizing 40 CRF	763 Subpart E Appendix
ANDREW PTAR PAT OB072E CHINIS TREGOSON			SSN or State Card Number:	
PAT OB072E CHINIS TREGISCON		4		
CHRIS TREGOSON		_		
	BRENT CHENEY	- -		
		-		
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		-000 00000 -		
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and the second				
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Date: 5/24

Onsite visit of government officials

N/A	
Name of Person(s)	
T 1 Demostry	oont:
Time on and off si	te:
Stated reason for	
	the second se
ease use the following s	ection to note any comments or additional information not described in this report.
/	
C. Luitted Dat	JEF FOX
Submitted By:	Printed Name Signature
This section is reserved	$\perp \mathcal{O}$
This section is reserved	Signature for any additional comments by the reviewer:
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AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5	-28-	19	Start Time:_	0700 AE	C Representative: <u>M</u> .	Rodgers
Site Nat	me:	whi	HE St	Ate HENRY	Ann Arbor, 1 Arbor, MI	1.E
one ma		-	113+707	line including	Line A concept	
Site's F	ull Add	lress:	He	vey Ann 1	FROOR. MI	
Work A	areas (E	Be Spec	ific): <u>Base</u>	mots, Common	AREAS AND K	itchens. 211
Contam	inant(s) of Co	ncern: Asr	iestos		
Abatem	ent/Re	mediati	ion Contracto	EME		
Abatem	ient/Re	mediati	ion Contracto	r Foreman/Superviso	Dr: ANDREW PL	AK.
					e activities performed du dditional information in the	
Scope	of wor	<u>·k</u>				6
		abateme]No wor	ent □I k performed	atch and repair	Clean up	Set up
Work :	area					
WW	ork area		tivities perform set up activities		p previously completed []]Abatement currently taking	
		nent was ease expl		npleted are all controls in	tact and properly working:	XYes No
	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	N/A No No No No No No No No No No	□N/A □N/A □N/A □N/A □N/A □N/A □N/A □N/A	Isolation of HVAC sy All points of potential Water available Containment sealed w Negative pressure esta Set up of decontamina Remote or	op cloths arrier tape labeled with appro- ystem and shutdown l fiber release sealed (doors, with no breaches ablished	windows, etc.) ment
9				10000 TV 1		

Date: 5-28-19.

Containment:	XN/A			
TYes	No	N/A	Sealed poly walls and ceilings	
Yes		□N/A	Sealed floor and drop cloths	
Yes	No	□N/A	Signs and barrier tape labeled	with appropriate contaminant
Yes	No	□N/A	HVAC system shutdown and i	isolated
Yes	No	UN/A	All points of potential fiber rel	lease sealed (doors, windows, etc.)
Yes Yes	No No	∐N/A ∏N/A	Water available in containmen	
☐ Yes	No	\square N/A	Containment sealed with no br Negative pressure established	reaches
Yes	No	□N/A	Decontamination unit	
			Remote or	Attached to containment
TYes	ΠNo		(Airlocks, water filtration, 3 cl	nambers w/shower, negative air, signs)
		□N/A	Other:	
Glovebags:	XN/A			
Yes	No	DN/A	Drop cloths	
Yes	No	□N/A	Signs and barrier tape labeled	with appropriate contaminant
∐Yes □Yes	∐No □No	□N/A □N/A	HVAC system shutdown and i	solated
Yes	No	\square N/A	Glovebags sealed with amende Other:	ed water and negative air
	2.0	<u> </u>		
Clean up:	□N/A		and the second se	
Yes	∐No □No	∐N/A ∏N/A	HEPA vacuums utilized	
Yes	No	$\Box N/A$	Wet methods utilized Work area demarcated and isol	lated from any and to fi
Yes	No	□N/A	Other:	lated from general traffic
Section Section.				
Please describe a	iny other	work area cond	itions that exist not outlined above	:N/A
				4
Abatement/1	omodi	ation activi	tion	
ADAICHICHI/I	emeur	ation activi	lles	
Abate	ment/rem	nediation activit	ies conducted No abatem	ent/remediation activities conducted
Please list the cor	ntaminan	t removed, the l	ocation from which it was remove	d and the quantity removed from each area:
Contaminant:		Locat	iont	Orrentit
ASBESTOS			oor tile	Quantity:
ASBESTOS		12.3	impey moltor	15
ASBESTOS			no leum Flooring.	20
				20
ASBESTES		C	WIK AROUND PAnels.	20
			l of the contaminant:	es 🔲 No
If no, ple	ease expla	ain		
1				

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

	NIA
Please provide an explanation	of any special circumstances concerning abatement or remediation activities:
rease provide an explanation	of any special circumstances concerning abatement or remediation activities:
	NIA

Clean up/close out activities

Yes No N/A	Abatement/remediation being conducted
	Gross clean up and material bagging
Yes No N/A	Bag out activities
Yes No N/A	All surfaces wet cleaned and/or HEPA vacuumed
Yes No N/A	All tools, ladders, etc. cleaned with no visible contamination
Yes No N/A	Final cleaning after all abatement is complete
Yes No N/A	Final lockdown
Yes No N/A	Project teardown (after all clearances and inspections pass applicable standards)
Yes No N/A	Other:

Waste handling and disposal

No waste generated
Number of bags, drums, or dumpsters utilized during shift:
Lined dumpster on site
Disposal by contractor off site
Designated storage area on site (other than dumpster); describe:
Material double bagged, fiber drums
Material labeled with appropriate labels
Material wetted
Waste generated was disposed of on site as general construction debris
Other:

3

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: XYes No If no, please explain_____

Respiratory protection (check all that apply):

Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator

Positive pressure air purifying respirator Other:_____

Boots
Gloves
Hard hats
Safety harnesses, lanyards, tie offs
her safety precautions taken: N/A
to laboratory , or office
chain of custody:
nt identified in the sampling: Yes No
oplicable standards:
n below) pelow)
raffic areas or increased dust concentrations in the work specific):
orce performing a specific task be monitored scenario vorst case scenario
inant(s) sampled: XYes No

Clearance sampling	
Before clearance sampling the following	g criteria MUST be met:
All surfaces HEPA vacuum	ned
All surfaces wet cleaned	
Visual inspection conducted	d
Work area locked down	
Was work area inspected and found cle If no, please explain	an and free of any contaminated debris: XYes No
Did work area pass applicable clearance	e standards: 🛛 Yes 🗍 No
Applicable Standard	
EPA PCM Clearan	ace Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
EPA TEM Clearan	ace Guideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Abatement Personnel Roster	
Name:	SSN or State Card Number:
٨	SSIV OF State Card Humber.
ANDREW PLAK	
Brent Cheney	A 41305
TONY GALLOW	
Pul and	<u>A 38685</u>
TAT O Boyle	A 50125
Chris treglown.	
DAN WALErski	
	·

American Environmental Consultants, LLC 5

313-491-2600

Onsite visit of government officials

□N/A	
Name of Person(s):	
Employer/Department:	
Time on and off site:	
Stated reason for visit:	

Please use the following section to note any comments or additional information not described in this report.

	NA
· · · · · · · · · · · · · · · · · · ·	
All information contain	ned in this report is complete and accurate to the best of my knowledge:
Submitted By:	MAH RODGERS
	Printed Name
	wie
	Signature
This section is reserved	
This section is reserved	Signature I for any additional comments by the reviewer: NA
This section is reserved	
	I for any additional comments by the reviewer: NA
	I for any additional comments by the reviewer: NA
	I for any additional comments by the reviewer: NA
	I for any additional comments by the reviewer: NA
This section is reserved	I for any additional comments by the reviewer: NA

AMER W	AUTHO	VIRONMENTAL DRIZATION FOR RI HE-HE-RY	CONSULTANTS, LLA EOCCUPANCY	C
Site Name: _			Contractor: EME	
all abatemen following pro	t activities and d oper fiber lock-	deemed the area(s) acceptate down procedures by the a	lly inspected the following area(s) ble for Final Clearance sampling. abatement contractor, performed following criteria checked below:	AEC.

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0066 Average F/cc (PCM)

____ Average S/mm² (TEM)

AREAS:

Whole Bldg **Industrial Hygienist** Date Time

American Environmental Consultants, LLC

7

313-491-2600

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

Site Name:

WHITE STATE HENRY

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0.0041 Average F/cc (PCM)

____ Average S/mm² (TEM)

AREAS:

Industrial Hygienist

313-491-2600

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5-29-19 Start Time: 0700 AEC Representative: M. Rodgers
Site Name: White State HENRY Ann Arbor, MI
Site's Full Address: 707 + 701 HENRY Ann Arbor. MI
Work Areas (Be Specific): Basements, Common AREAS AND Kitchens. 210
Contaminant(s) of Concern: As BESTOS
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK.
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up
Work area
Work area setup activities performed Work area setup previously completed Abatement complete No set up activities required Abatement currently taking place
If set up or abatement was previously completed are all controls intact and properly working: XYes No If no, please explain
Set up: N/A Yes No N/A Yes<

Date: 5-29-19.

Containment:	XN/A No No	□N/A □N/A	Sealed poly walls and ceilings Sealed floor and drop cloths	3
Yes	No	N/A	Signs and barrier tape labeled	with appropriate contaminant
Yes Yes	∐No □No		HVAC system shutdown and	isolated
Yes		∐N/A ∏N/A	All points of potential fiber re Water available in containmer	lease sealed (doors, windows, etc.)
Yes	No	□N/A	Containment sealed with no b	
Yes	No	□N/A	Negative pressure established	
Yes	No	□N/A	Decontamination unit	
			Remote or	Attached to containment
□Yes	No	N/A	(Airlocks, water filtration, 3 c Other:	hambers w/shower, negative air, signs)
Glovebags:	N/A			
Yes	No	□N/A	Drop cloths	
Yes	No	□N/A	Signs and barrier tape labeled	with appropriate contaminant
Yes	No	□N/A	HVAC system shutdown and	isolated
Yes	No	□N/A	Glovebags sealed with amend	ed water and negative air
Yes	No	□N/A	Other:	
Clean up:	N/A	-		
Yes	No	DN/A	HEPA vacuums utilized	
Yes Yes	□No □No	□N/A □N/A	Wet methods utilized	1
Yes	No		Work area demarcated and iso Other:	lated from general traffic
			o mor	1
			ions that exist not outlined above	
	ment/rem	ediation activitie	s conducted No abatem	nent/remediation activities conducted ed and the quantity removed from each area:
Contaminant:		Locatio		
ASBESTOS		Floo	or tile	Quantity:
ASBESTOS			mney mortor	15
ASBESTOS			10 Eum Flooring.	300
ASBESTAS		CAL	olk Around panels.	25
Were wet method If no, ple	s utilized	for the removal	of the contaminant:	Ves []No

2

Date: 5-79-19

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

NA Please provide an explanation of any special circumstances concerning abatement or remediation activities: NA

Clean up/close out activities

T OK OK OK	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No	N/A N/A N/A N/A N/A N/A N/A	Abatement/remediation being conducted Gross clean up and material bagging Bag out activities All surfaces wet cleaned and/or HEPA vacuumed All tools, ladders, etc. cleaned with no visible contamination Final cleaning after all abatement is complete Final lockdown Project teardown (after all clearances and inspections pass applicable
Ē]Yes	No	□N/A	standards)

Waste handling and disposal

No waste generated	
Number of bags, drums, or dumpsters utilized during shift:	
Lined dumpster on site	
Disposal by contractor off site	
Designated storage area on site (other than dumpster); describe:	
Material double bagged, fiber drums	
Material labeled with appropriate labels	
Material wetted	
Waste generated was disposed of on site as general construction debris	
Other:	

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No If no, please explain

Respiratory protection (check all that apply):

Half face negative pressure air purifying respirator Positive pressure air purifying respirator Other:

Other personal protective equipment (check all that apply):

\ge	Disposable clothing
	Washable clothing
X	Hoods
X	Safety glasses
	Other:

Boots Gloves Hard hats Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken:

Consultant activities

Were the air monitoring sa	amples analyzed: on site 🔀, taken to laboratory 🗋, or office	
If taken to the laboratory,		
	Time and date dropped off:	
	Turn around time indicated on the chain of custody: Please attach copy of chain of custody	
Baseline air sa Was any	erformed (check all that apply): mples significant level of the contaminant identified in the sampling: ease explain:	Yes No
Work area sam Were sar		No
Clearance samp Personal samp	mples bles (see clearance sampling section below) es (see personal sampling section below)	
Were there any other constr area or adjacent areas that c	Function activities, carpeting, high traffic areas or increased dust concent could affect the sample results (be specific): N/A-	trations in the work
The second second second	res that at least 25% of the work force performing a specific task be m selection:	ionitored

Workers performing same tasks

2 or more workers sampled- Represents worst case scenario

were workers below the OSHA TWA for the contaminant(s) sampled:	Yes No	
If no, please explain	ATES INO	
- no, prouse explain		

Date: 5-29-19.

MUST be met:
MUST be met:
and a second sec
ee of any contaminated debris: Yes No
ls: PYes No
line of 0.01 f/cc, utilizing NIOSH 7400 protocol
line of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendi
and the stand , damaning to end too buopart in Appendit
SSN or State Card Number:
A 41305
A 38685
A 50125
1

American Environmental Consultants, LLC

313-491-2600

Date: 5-29-19.

Onsite visit of government officials

□N/A	
Name of Person(s):	
Employer/Department:	
Time on and off site:	
Stated reason for visit:	

Please use the following section to note any comments or additional information not described in this report.

	NA	
1		
1		
······		
	n in an	
		and the second
Submitted By:	ed in this report is complete and accurate to the best of the best	my knowledge:
	Signature	-
This section is reserved i	for any additional comments by the reviewer: <u>N</u>	A
Technical Review By:	Printed Name	
	Signature Glablic	
	Date	=1

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY White-State-Henry

Site Name:

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

5.004 Average F/cc (PCM)

_ Average S/mm² (TEM)

AREAS:

11

Whole Bldg **Industrial Hygienist** Date Time

American Environmental Consultants, LLC

313-491-2600

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: <u>5-30-19</u> Start T	ime: 0700 AEC Representative: M. Rodgers
Site Name: White	STATE HENRY Ann Arbor, MI
Site's Full Address: 701 A	HENRY Ann Arbor. MI
Work Areas (Be Specific):	Basements, Common AREAS AND Kitchens. 114
Contaminant(s) of Concern:	ASBESTOS
Abatement/Remediation Cont	ractor: EME
Abatement/Remediation Cont	ractor Foreman/Supervisor: ANOREW PLOK.
The following narrative prov Note: Please check all boxe	vides a daily account of the activities performed during the work shift es that apply and include any additional information in the spaces provided
Scope of work	
Full abatement	Patch and repair Clean up Set up
Work area	
Work area setup activities perf	Formed Work area setup previously completed Abatement complete vities required Abatement currently taking place
If set up or abatement was previously If no, please explain	v completed are all controls intact and properly working: XYes No
Set up: \square N/A Yes \square No \square N/A	
Yes No N/A Yes No N/A	Moving in of equipment and supplies Set up of poly walls
Yes No N/A	Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant Isolation of HVAC methods and barrier tape labeled with appropriate contaminant
≽Yes □No □N/A Yes □No □N/A	isolation of fly AC system and shufdown
Yes No N/A	All points of potential fiber release sealed (doors, windows, etc.) Water available
ĭYes □No □N/A ĭYes □No □N/A	Containment sealed with no breaches Negative pressure established
Yes No N/A	Set up of decontamination unit
	Remote or Attached to containment
Yes No N/A	(Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:

Containment:	XN/A	Particular I	
Yes Yes		∐N/A ∏N/A	Sealed poly walls and ceilings
		$\square N/A$	Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant
Yes		DN/A	HVAC system shutdown and isolated
Yes		□N/A	All points of potential fiber release sealed (doors, windows, etc.)
Yes Yes		□N/A □N/A	Water available in containment
Yes		\square N/A	Containment sealed with no breaches Negative pressure established
Yes		□N/A	Decontamination unit
			Remote or Attached to containment
Yes	□No	□N/A	(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
			Other:
Glovebags:	N/A No	□N/A	Dron clothe
Yes		DN/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant
Yes		DN/A	HVAC system shutdown and isolated
Yes		N/A	Glovebags sealed with amended water and negative air
Yes	[]No	□N/A	Other:
Clean up:	N/A	-	
Yes			HEPA vacuums utilized
Yes Yes	No No	□N/A □N/A	Wet methods utilized Work area demarcated and isolated from general traffic
Yes	No	\square N/A	Other:
Disses describes			
riease describe a	iny other	work area con	nditions that exist not outlined above: N/A
Abatement/1	remedi	ation activ	vities
			vities conducted
Abate	ment/rem	nediation activ	vities conducted INo abatement/remediation activities conducted
Abate Abate Please list the con	ment/rem	nediation activ t removed, the	vities conducted INo abatement/remediation activities conducted e location from which it was removed and the quantity removed from each area
Abate Abate Please list the con	ment/rem	nediation activ t removed, the Loc	vities conducted INo abatement/remediation activities conducted
Abate Please list the cor Contaminant:	ment/rem	nediation activ t removed, the Loc	vities conducted No abatement/remediation activities conducted le location from which it was removed and the quantity removed from each area cation: Quantity:
Abate Please list the con Contaminant:	ment/rem	nediation activ t removed, the Loc	vities conducted INO abatement/remediation activities conducted the location from which it was removed and the quantity removed from each area cation: <u> Ploor +:Le</u> <u> SO</u>
Abate Please list the con Contaminant: Askestos Askestos	ment/rem	t removed, the Loc	vities conducted \Box No abatement/remediation activities conducted are location from which it was removed and the quantity removed from each area cation: $\Box_{oor} + \Box_{e}$ $\Box_{oor} + \Box_{oor}$ $\Box_{oor} $
Please list the con Contaminant: ASBESTOS ASBESTOS ASBESTOS	ment/rem	t removed, the Loc	vities conducted \Box No abatement/remediation activities conducted are location from which it was removed and the quantity removed from each area cation: <u>Floor tile</u> <u>No abatement/remediation activities conducted</u> Quantity: <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>Quantity:</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>Quantity:</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>No abatement/remediation activities conducted</u> <u>No abatement/remediation activities conducted</u> <u>No abatement/remediation activities conducted</u> <u>Quantity:</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>Quantity:</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>Removed from each area</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u>
Abate Please list the con Contaminant: ASBESTOS ASBESTOS ASBESTOS ASBESTOS	ement/rem	t removed, the	vities conducted \Box No abatement/remediation activities conducted are location from which it was removed and the quantity removed from each area cation: <u>Floor tile</u> <u>No abatement/remediation activities conducted</u> Quantity: <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>Quantity:</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>Quantity:</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>No abatement/remediation activities conducted</u> <u>No abatement/remediation activities conducted</u> <u>No abatement/remediation activities conducted</u> <u>Quantity:</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>Quantity:</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>Removed from each area</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>No abatement/remediation activities conducted</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u> <u>SO</u>

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

NA Please provide an explanation of any special circumstances concerning abatement or remediation activities: NA

Clean up/close out activities

	Abatement/remediation being conducted
Yes No N/A	
Yes No N/A	
Yes No N/A	All surfaces wet cleaned and/or HEPA vacuumed
Yes No N/A	
Yes No N/A	Final cleaning after all abatement is complete
Yes No N/A	Final lockdown
Yes No N/A	Project teardown (after all clearances and inspections pass applicable standards)
Yes No N/A	Other:

Waste handling and disposal

No waste generated	
Number of bags, drums, or dumpsters utilized during shift:	
Lined dumpster on site	
Disposal by contractor off site	
Designated storage area on site (other than dumpster); describe:	
Material double bagged, fiber drums	
Material labeled with appropriate labels	
Material wetted	
Waste generated was disposed of on site as general construction debris	
Other:	

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: XYes No If no, please explain_____

Respiratory protection (check all that apply):

Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator Positive pressure air purifying respirator Other:

Disposable clothing	Boots	
Washable clothing	Gloves	
Hoods	Hard hats	
Safety glasses	Safety harnesses, lar	iyards, tie offs
Other:		
Please list any other equipment utilized by workers and/or o		
Consultant activities		
Contaminant(s): ASBESTOS		
Were the air monitoring samples analyzed: on site \boxtimes , taken		
If taken to the laboratory, Name of Laboratory:		
Time and date dropped off:		
Turn around time indicated on the Please attach copy of cl	ne chain of custody: hain of custody	
Types of air monitoring performed (check all that apply):		
Baseline air samples		
Was any significant level of the contamin	ant identified in the sampli	ng: 🗌 Yes 🗌 No
If yes, please explain:		
Set up samples		
Were samples below allowable levels for	applicable standards:	Yes No
If no, please explain:		
Ambient air samples		
Clearance samples (see clearance sampling sect		
Personal samples (see personal sampling section		
Were there any other construction activities, carpeting, high area or adjacent areas that could affect the sample results (b	traffic areas or increased d	lust concentrations in the work
	NA	
Personal sampling		
Note: OSHA requires that at least 25% of the work	force performing a specifi	c task be monitored
Criteria for worker selection:		
Only worker performing task Workers performing same tasks		
workers performing same tasks	se scenario	
11 worker samples-Represents worst case		
1 worker samples-Represents worst cas 2 or more workers sampled- Represent	s worst case scenario	
2 or more workers sampled- Represent	s worst case scenario	
1 worker samples-Represents worst cas 2 or more workers sampled- Represent Were workers below the OSHA TWA for the conta If no, please explain	s worst case scenario	Yes No

Date: 5-3079.

Clearance sampling Before clearance sampling the following cr	riteria MUST be met:
All surfaces HEPA vacuumed	
Visual inspection conducted	
No dust/debris observed	
Work area locked down	
Was work area inspected and found clean a If no, please explain	and free of any contaminated debris: Yes No
Did work area pass applicable clearance sta	undards: 🖄 Yes 🗌 No
Applicable Standard	
EPA PCM Clearance C EPA TEM Clearance C A protocol Other:	Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol Guideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
ANDREW PLAK	
Brent Cheney	1 HIZOF
T	A 41305
01	A 38685
- isoque	A 50125
Chris treglown.	
DAN WALErski	

Date: 5-30-79.

Onsite visit of government officials

□N/A		
Name of Person(s):	 	
Employer/Department:		
Time on and off site:		
Stated reason for visit:		

Please use the following section to note any comments or additional information not described in this report.

	NA
· · · · · · · · · · · ·	
All information contair	ned in this report is complete and accurate to the best of my knowledge:
Submitted By:	MAH RODGERS Printed Name
	Finited Name
	we
	Signature
This section is reserved	for any additional comments by the reviewer: NA
Technical Review By:	JEF Fox
Fechnical Review By:	Printed Name
Technical Review By:	
Fechnical Review By:	Printed Name
Technical Review By:	
Fechnical Review By:	Printed Name

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY White-State-Henry

Site Name: 701

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

008 Average F/cc (PCM)

____ Average S/mm² (TEM)

AREAS:

Whole Bldg 1421 5-30-19 **Industrial Hygienist**

American Environmental Consultants, LLC

7

313-491-2600

Scanned by CamScanner

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: <u>5-3/-/9</u> Start Ti	me: <u>0700</u> AEC Representative: <u>M. Polgers</u>
Site Name: White	STATE HENRY Ann Arbor, MI
	State Ann Arbor. MI
Work Areas (Be Specific): <u>B</u>	Asements, Common AREAS AND Kitchens.
Contaminant(s) of Concern:	SBESTOS
Abatement/Remediation Contr	actor: EME
Abatement/Remediation Contr	actor Foreman/Supervisor: ANDREW PLAK.
The following narrative prov Note: Please check all boxe	vides a daily account of the activities performed during the work shift as that apply and include any additional information in the spaces provided
Scope of work	
Full abatement	□Patch and repair □Clean up □Set up d □Other:
Work area	
Work area setup activities perfo	ormed Work area setup previously completed Abatement complete ities required Abatement currently taking place
If set up or abatement was previously If no, please explain	completed are all controls intact and properly working: XYes No
Set up: DN/A Yes No N/A Yes No N/A	Moving in of equipment and supplies Set up of poly walls Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.) Water available Containment sealed with no breaches Negative pressure established

Date: 5-31-19.

Containment: Yes Yes Yes Yes Yes Yes Yes Yes	N/A No No No No No No No	 N/A 	HVAC system shu All points of poten Water available in Containment sealed Negative pressure Decontamination u Remote co	op cloths ape labeled wit tdown and isol tial fiber releas containment d with no breac established nit r	se sealed (doors, windows, etc.) ches ached to containment
Yes	□No	□N/A	Other:	uation, 5 chair	bers w/shower, negative air, signs)
Glovebags: Yes Yes Yes Yes Yes Yes	XN/A No No No No	N/A N/A N/A N/A N/A	HVAC system shut	down and isola with amended v	h appropriate contaminant ated vater and negative air
Clean up: Yes Yes Yes Yes Yes	N/A No No No	□N/A □N/A □N/A □N/A	HEPA vacuums uti Wet methods utilize Work area demarca Other:	ed	d from general traffic
Please describe an	ny other	work area con	ditions that exist not out	ined above:	N/A
	nent/rem	ediation activ	ities conducted		/remediation activities conducted
Contaminant:	taminant			vas removed ar	nd the quantity removed from each area
ASBESTOS			loor tile		Quantity:
ASBESTOS			himney mortoe		15
ASBESTOS			ino loum Flooring	<u>ig.</u>	75
ASBESTAS			AUKAROUND PA	mets.	20
Were wet methods If no, ple	s utilized ase expla	for the remov	al of the contaminant:	XYes	No

2

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Please provide an explanation of any special circumstances concerning abatement or remediation activitie
P P

Clean up/close out activities

	Abatement/remediation being conducted
Yes No N/A	Gross clean up and material bagging
Yes No N/A	Bag out activities
Yes No N/A	All surfaces wet cleaned and/or HEPA vacuumed
Yes No N/A	All tools, ladders, etc. cleaned with no visible contamination
Yes No N/A	Final cleaning after all abatement is complete
Yes No N/A	Final lockdown
Yes No N/A	Project teardown (after all clearances and inspections pass applicable standards)
Yes No N/A	Other:

Waste handling and disposal

No waste generated	
Number of bags, drums, or dumpsters utilized during shift:	
Lined dumpster on site	the could
Disposal by contractor off site	
Designated storage area on site (other than dumpster); describe:	
Material double bagged, fiber drums	
Material labeled with appropriate labels	
Material wetted	
Waste generated was disposed of on site as general construction debris	
Other:	

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: XYes No If no, please explain_____

Respiratory protection (check all that apply):

Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator Positive pressure air purifying respirator Other:

Other personal protect	ctive equipment (check all that le clothing	at apply): 🏹Boots		
Washable	e clothing	Gloves		
Hoods		Hard hats		
Safety gla	asses	Safety harnesses,	lanyards, tie	offs
Please list any other e	equipment utilized by worker	s and/or other safety precautions	aken: N	14
Consultant activ	vities			
Contaminant(s):A	SBESTOS			
		⊠, taken to laboratory □, or of		
If taken to the laborat	ory, Name of Laboratory:			
	Time and date dropped	off:		
	Turn around time indica	ated on the chain of custody: opy of chain of custody		
Baseline a		apply): contaminant identified in the samp	ling.	Yes No
If ye ⊡Set up san ⊠Work area	es, please explain: nples			
		evels for applicable standards:	Yes	No
If no	o, please explain:			
Ambient a	ur samples			
Personal s	samples (see clearance samp amples (see personal samplin	g section below)		
Were there any other c		ing high traffic areas or increased	dust concer	ntrations in the work
		NIT		
Personal sampling Note: OSHA	requires that at least 250/ of	the mark from a free state of the state of t	2	
Criteria for w	orker selection:	the work force performing a speci	fic task be n	nonitored
	nly worker performing task			
	orkers performing same task worker samples-Represents v	S Norst case scenario		
	or more workers sampled- Re	epresents worst case scenario		

Clearance sampling	
Before clearance sampling the following c	without MATCIN L
All surfaces HEPA vacuumed	anena MUSI de met:
All surfaces wet cleaned	
Visual inspection conducted	
No dust/debris observed	
Work area locked down	
Was work area inspected and found clean a If no, please explain	and free of any contaminated debris: XYes No
Did work area pass applicable clearance st Applicable Standard	
EPA PCM Clearance EPA TEM Clearance A protocol	Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol Guideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
A	
ANDREW PLAK	
Brent Cheney	A 41305
TONY GALLOW	1 301 05
0 1 1	A 38685
PAt O'Boyle	A 50125
Chris treglown.	
DAN WALErski	
	· · · · · · · · · · · · · · · · · · ·
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Onsite visit of government officials

□N/A	
Name of Person(s):	
Employer/Department:	
Time on and off site:	
Stated reason for visit:	

Please use the following section to note any comments or additional information not described in this report.

	NA
	····
All information contair	ned in this report is complete and accurate to the best of my knowledge:
Submitted By:	MAH RODGERS
sublimited by.	Printed Name
	UN0
	Signature
This section is reserved	Signature
This section is reserved	
This section is reserved	Signature
	Signature
	Signature I for any additional comments by the reviewer: NA
This section is reserved	Signature
	Signature I for any additional comments by the reviewer: NA
	Signature I for any additional comments by the reviewer: NA

6

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY White-State-Henry

Site Name:

1521

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0053 Average F/cc (PCM)

____ Average S/mm² (TEM)

AREAS:

Whole Bld

Industrial Hygienist

5-31-19

7

Time

American Environmental Consultants, LLC

313-491-2600

Scanned by CamScanner

ATTACHMENT 2

EME ABATEMENT CLOSEOUT DOCUMENTS



25851 Trowbridge St., Inkster, MI 48141 Office 313.791.2600 - Fax: 313.791.2601

June 6, 2019

Mr. Robert Nickoloff Norstar Building Corporation 22190 Garrison St., Suite 101 Dearborn, MI 48124

RE: Swift Lane Apartments, Ann Arbor – White, State, Henry Asbestos Abatement & Universal Waste Closeout Documents EME Job #: 19-261

Dear Mr. Nickoloff:

Thank you for the opportunity for Environmental Maintenance Engineers, Inc. (EME) to provide environmental abatement services at the above referenced project.

I have enclosed the following closeout documents for your review and approval:

- Invoice
- Asbestos Abatement Contractor License
- Certificate of Liability Insurance
- State of Michigan Asbestos Notification
- Daily Construction Reports
- Employee Paperwork
- Waste Manifest

The certificate of recycling and bill of lading will be forwarded to you upon receipt. EME is looking forward to working with you in the future. If you have any questions or if I can be of further assistance, please do not hesitate to call me at 313.791.2600.

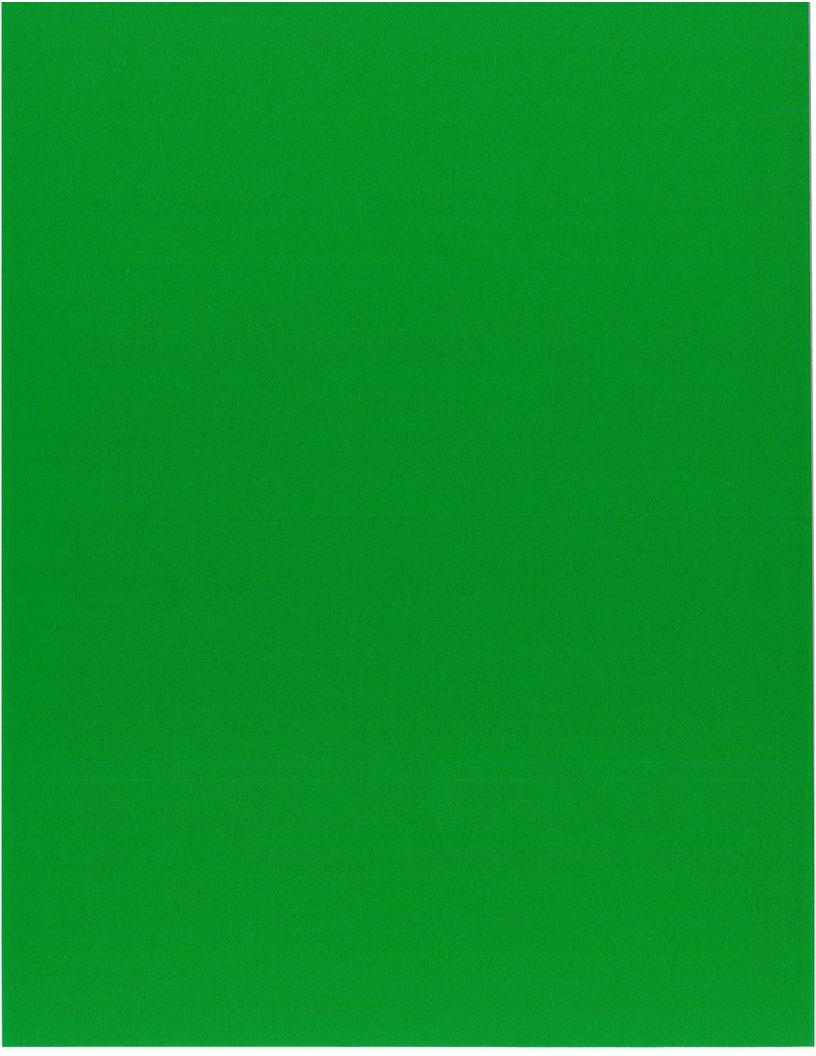
Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Enclosures





Contractor Number C2684 State of Mich	niaan	Expiration Date 12/08/2019	
Department of Licensing and	0	Affairs	
Environmental Maintenance Engineers, Inc. has satisfactorily met the requirements of Michigan Public Act 135 of 1986, as amended, and is hereby recognized as a			10-26-18 MrM-
LICENSED ASBESTOS ABATEM	ENT CONTRACT	FOR	
Type II (5 + employed The issuance of this license does not ensure that coverage has been acquired by the licensee. MIO 3003 (05/2011) Authony: Michigan Public Act 135 of 1986, as amended	asbestos indemni		

The Michigan Department of Licensing and Regulatory Affairs (LARA) has reviewed and approved your application for a Michigan Asbestos Abatement Contractors License. The License Certificate is valid for a period of one year.

The Department is requiring each licensed asbestos abatement contractor to notify the Department of any asbestos abatement project exceeding 10 linear feet or 15 square feet of friable asbestos containing material. This notification must reach the office of the Asbestos Program at least 10 days before the beginning of each project. If for any reason there are revisions or modifications to a notification, your company must notify LARA by FAX or telephone. If the revision is via telephone, your company must follow-up with a formal written revision.

Please be advised, your company must continue to maintain records of post-abatement air monitoring results. LARA can and may request these post asbestos abatement monitoring results periodically. Please be reminded that any additional or new employees must be accredited before they engage in any asbestos abatement activities.

To apply for renewal of this license, please submit an application no sooner than 90 days and no later than 30 days before the license expires. The Department must also be notified of any address or ownership changes. Project notifications and questions regarding your license should be directed to the Michigan Department of Licensing and Regulatory Affairs, MIOSHA Asbestos Program, P.O. Box 30671, Lansing, Michigan 48909-8171, 517.284.7698.

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

DE (MDEQ) AIR QUALITY NESHAP, 40 CFR Part

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CER Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM, P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

1. NOTIFICATION:	4. DEMOLITION CONTRACTOR: Internal Project #:
Date of Notification: 05/15/2019 Document #; 0000325434	Name:
Date of Original: 04/15/2019 Original Document #: 0000316958	Mailing Address:
Notification Type: 🛛 Original 🗹 Revised 🖵 Canceled	City/State/Zip:
Mark appropriate boxes: (both DEQ and LARA may apply):	E-mail:
DEQ (NESHAP) [260 in. ft./160 sq. ft. or more is threshold]	Contact: Phone:
Planned Renovation - 10 working days notice	5. FACILITY OWNER: Internal Project #:
Emergency Renovation	Name: AAHC Platt Road Limited Housing Assoc. LP
Scheduled Demolition - 10 working days notice	Mailing Address: 727 Miller Ave.
Intentional Burn - 10 working days notice	City/State/Zip: Ann Arbor, MI 48103
Ordered Demolition	E-mail:
LARA (MIOSHA) [Will not accept annual notifications]	Contact: Donald Tilicki Phone: 248-515-0292
Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 <u>calendar</u> days notice	
Emergency Renovation/Encapsulation	
Calculate LARA Asbestos Project Fee:(1% Project Fee)	6. FACILITY DESCRIPTION:
Total Project Cost: \$0.00 x 0.01 = \$0.00	Facility Name: Vacant Apartment Property
Type of Contractor: Type II License No: C2684	Location Address; 701-719 Henry St., Apt 101-213
Licensing Authority: MIOSHA	City/State/Zip: Ann Arbor, MI 48108
2. PROJECT SCHEDULE:	County: Washtenaw Age: 66 No. of Floors: 2 If Apt. # of units:
\square Check here if this is a multi-phased project, attach a schedule showing the start/end	Nearest Crossroad:
date of each phase. START DATE END DATE	Size: (sq. ft.) 22000 Floor No.: 1
Renovation:	Present Use; Vacant Apartments
+ Asb, Removal: 05/22/2019 05/31/2019	Prior Use: Apartments
+ Demolition:	Specific Location(s) in Facility: Exterior
Encapsulation:	
* Includes setup, build enclosure, asbestos removal, demobilizing, etc.	7. DISPOSAL SITE:
+Include only those dates you are conducting asbestos removal/demo,	Name: Carleton Farms Landfill
Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.	Location Address: 28800 Clark Rd
Days of the Week Work Hours	City/State/Zip: New Boston, MI 48164
Asb. Removal: M, Tu, W, Th, F 8a-4:30p	8. WASTE TRANSPORTER(S):
	Name: Environmental Maintenance Engineers
Demolition:	Location Address: 25851 Trowbridge
	City/State/Zip: Inkster, MI 48141
Encapsulation:	Name: Republic Services-Wayne
Check here if the work hours are not the same across the days of the week or vary from day to	Location Address: 5400 Cogswell
day and attach a document with Detailed Work Hours.	City/State/Zip: Wayne, MI 48184
3. ABATEMENT CONTRACTOR: Internal Project #: 19-261	9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered
Name: Environmental Maintenance Engineers, Inc.	Demolition.") A copy of the official Order must accompany this notification.
Mailing Address: 25851 Trowbridge St.	Gov't Agency Ordering Demo:
City/State/Zip: Inkster, MI 48141-2465	Name/Title of Person Signing Order:
E-mail: mikek@teameme.com	Date of Order: Date Ordered to Begin:
Contact: Michael Kelly Phone: 313-791-2600	
10. ASBESTOS INFORMATION	
Is asbestos present? (i.e. Assumed or identified in asbestos inspection report)	□ No Will asbestos be removed prior to demolition? □ Yes □ No
Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be	removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of
non-friable Category I and/or Category II ACM that <u>will not</u> be removed prior to demolition. (NOTE regulated in the demolition/handling process. It <u>must</u> be removed prior to demolition. Also, all asb	
	riable ACM not removed prior to demo.
to be removed Encapsulated Catego	
	🖸 Ln. Ft. 🔲 Ln. M.
400	
	☑ Sq. Ft. □ Sq. M.
	🗖 Cu. Ft.* 📋 Cu. M.*

"Volume (cubic fi./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/enc	apsulation) o	B) for Demolition:	
A) RENOVATION: Mark all surfaces/types of RACM to be removed:	-	lation (for LARA): Mark surfaces/types to be encapsulated:	
 ☐ Piping ☐ Fittings ☐ Boller(s) ☐ Tanks(s) ☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s) ☐ Mag Block Ø Other (describe): Window and Spearker Box Caulk 	 Pipir Bear Other 		
Method of removal: Describe how the asbestos will be removed: Glove Bag INeg. Pressure Cont. Cut into sections and r Dry Removal (please provide attachment with a description and explana Regulated area for exterior Window and Speaker removal		 ☐ Hand Scraping ☑ Other (describe): 	
 B) DEMOLITION: Indicate if complete or partial demolition: Complete or Partial (describe part of facility to be demolished): 			
Method of Demolition: Describe the method of demolition of facility, bridge Excavator or other heavy equipment Disassembly by hand		Explosives Dother (describe):	
12. ENGINEERING CONTROLS: Describe work practices and engineering controls	used to prev	ent visible emissions before, during, and after removal, and until proper d	isposal:
		y wet material Other (describe):	•
13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the even (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:	nt that unexp	cted RACM is found or previously non-friable asbestos becomes friable	
Contact DEQ and at ☑ Stop Work ☑ Wet material ☑ Contact DEQ and at	patement con	ractor 🗹 Revise notification 📋 Other (describe):	
 A) Indicate how you determined whether or not asbestos is in the facility. If a or absence of asbestos must be made prior to submitting a renovation/de All suspect materials sampled and analyzed using Polarized Light Micr B) Name, address, and phone number of company performing asbestos sur Detroit, MI, 48227 C) Name, accreditation number of inspector, and date of inspection: Jef Fox 	malition notifi oscopy (PLM vey: America	cation): Cther (describe): N Environmental Consultants LLC, 313-491-2600, 12838 Gavel,	esence
15. EMERGENCY RENOVATIONS: Date/time of emergency: Describe the sudden, unexpected event:			
Explain how the event caused unsafe conditions, and/or would cause equip	ment damage	and/or an unreasonable financial burden:	
16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart threshold and/or during an ordered demolition. Evidence that this person has site.			
Michael Kelly	05/15/2019		
Signature of Owner or Abatement/Demolition Contractor	Date		
17. Signature Requirements for Projects with Negative Pressure Enclosures: (Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monit feet or more of friable material which is performed within a negative press responsibility under Act 135 to have clearance air monitoring performed of	oring is requ sure enclosur	ired for any asbestos abatement project involving 10 linear feet/15 squ e. I (the building owner or lessee) have been advised by the contracto	
Signature of Building Owner or Lessee E	Date	Signature of Asbestos Abatement Contractor Representative Da	ate
NOTE: It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, a	and made part (f <u>your</u> records before the project begins.	
18. I certify that the above information is correct:			
Michael Kelly C	5/15/2019	Michael Kelly 05	5/15/2019
Printed Name of Owner/Operator	Date	Signature of Owner/Operator D	ate



~			∩ <mark>S</mark> ∣	day's D M T (W)	ate/Day TFS	r: 5-22	. /4	Job #:	19-26	1		
				ek End			Job Name:					
				ick #/Dr		2	Naister - Swift Line 1.15H (ACM) Mold / Lead / Other					
25851 Trowbridge St	Inkster. MI 4	8141	Wo	ork Area	<u>3(- 1</u>	<u> Ygt</u> 1						
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com				Throughout								
Daily Constru												
General Work Description X	n/a	ypelot abateme	nticond	N n/a		teup,pro	cedure	steond	uotedława	Y N n/a		
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ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling		Encapsu Patch/R		Criticals Set-up Full/Mini Enclosure								
ACM Ceiling Tiles/Glue Pods		Glove-bag Rer	noval				Ply		x4" Structures			
VAT Mastic Carpet		-	osure				1		Set-up Vented			
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Hard hats/Hearing Protection		Final Lock		┠╌┟━				•	ervisor Visua			
Fall Protection Scaffold Safety Rails/Manlift		Work Area Tear Inal Worksite Walk			$\{ \mid $	Personnel Decontaminated						
Consultant Firm:					Visual	Testing						
Representative Name: AEC	- Matt			Visual/Testing: Accreditation Number:								
Comments:												
Employee Name	Accred	I. # S/W	i Time In	Time Out	Time In	Time Out	Total Hrs		Employee \$	Signature		
Project Manager:								1				
Supervisor:			-sy j		10							
A. Ptak	F12558	7	670	1100	1110	400	9	Un	fu 1-	tal		
Pat D'Boyle	A5012	5	100	1100	11 30	430	10	×	ΘÂ	2		
AL Tradaco	Mr.z	ιų l	700	100	11 30		8	10	7-	-10		
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Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com					Throughout									
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Consultant Firm: Representative Name: <u>AFC</u>	· - /	Matt						Testing litation		r:				
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Project Manager:														
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Signature: Unles Potest	<u></u>												$\gamma$	5/
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Voice: 313.791.2600 Fax: 313.		v.teamEME.com					The	<u>nysh</u>	ost_		
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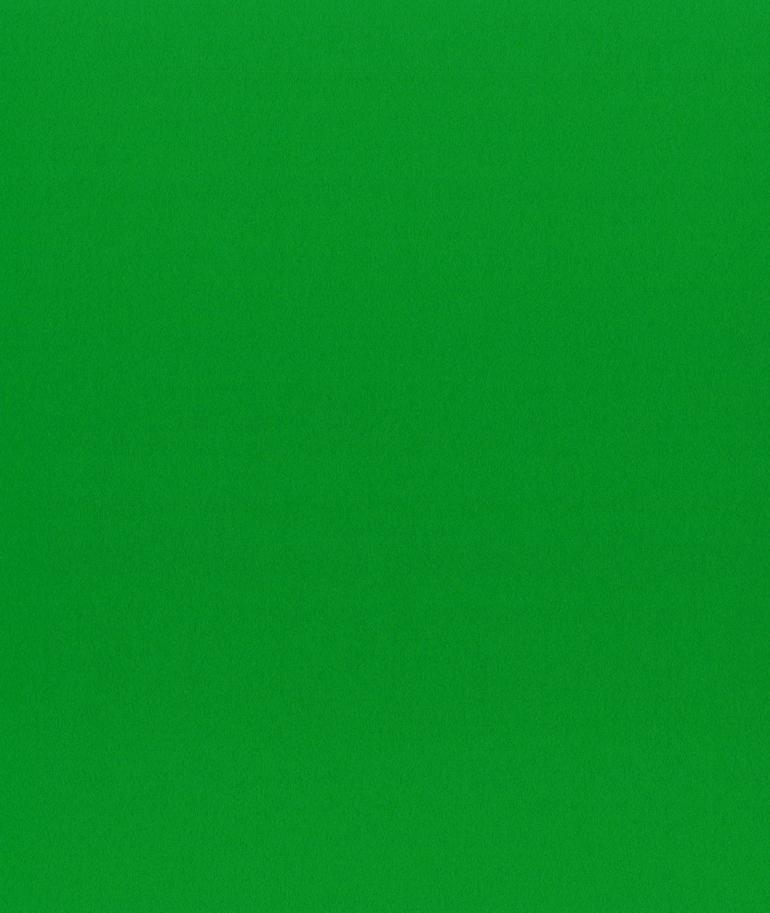
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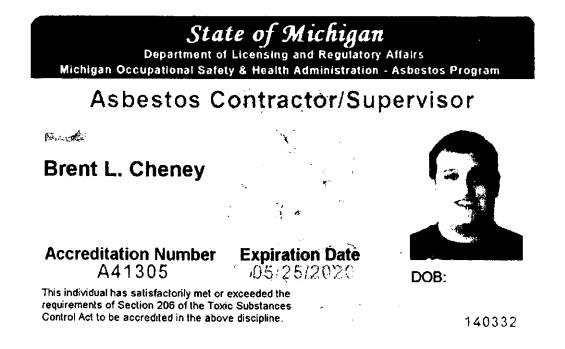
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Safety Issues:	Ļ,	<u></u>		l Asb	l estos V	Vaste	1	Dum	l oster	EME	Onsite
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				Bags		3 - 3a	gs	Pro	ject On-	going - some	one to return
				Drums		Dru	ums	Note:			
				Bundles			ndles		-	no one will ne	ed to return
I certify area has been visually	Inspec	ted_all_equipr	nent is o	ott site	and the	ere is n	o debri	s or oth	er mate	eriais left.	$(\Delta - \lambda)$
Signature: <u>Auto</u>	AUN/							-			<u> </u>
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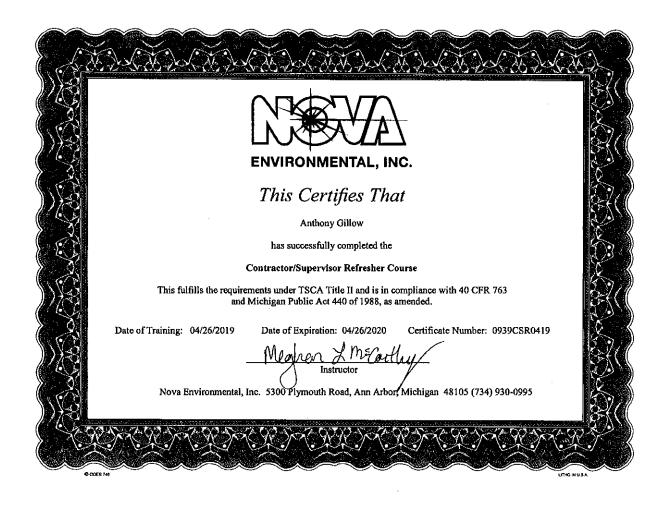
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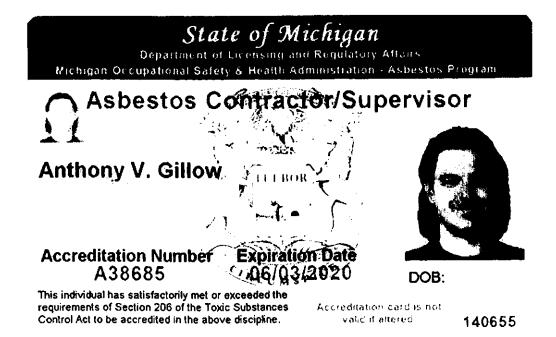
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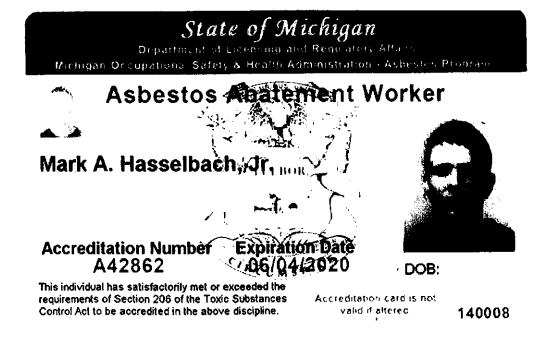


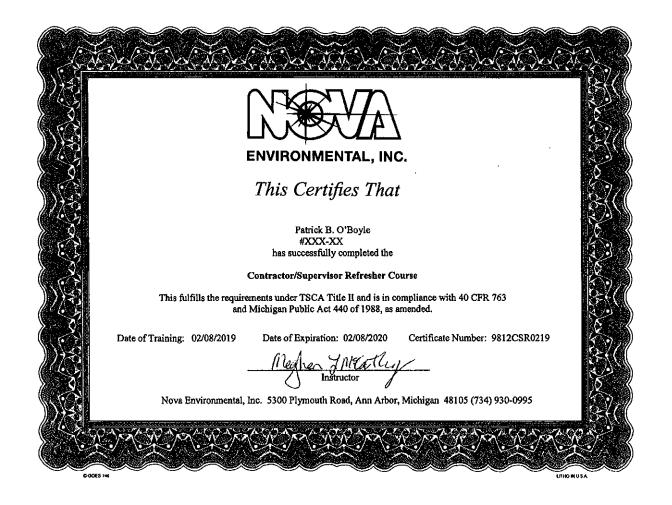


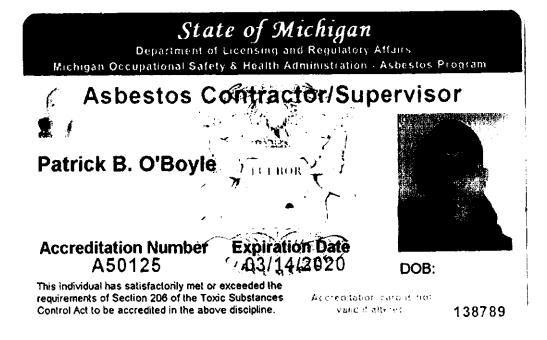


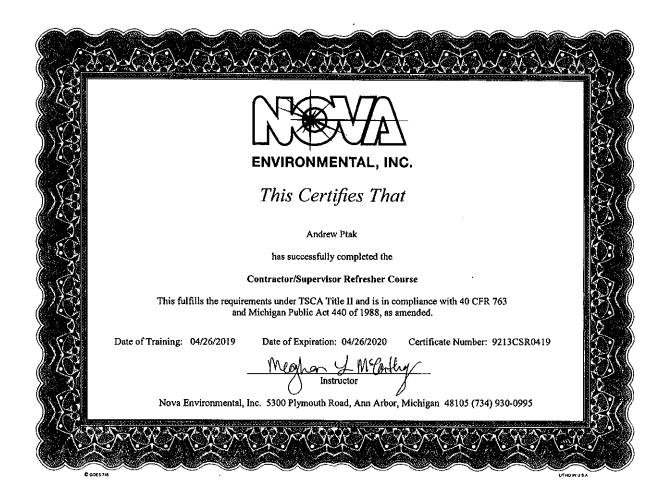


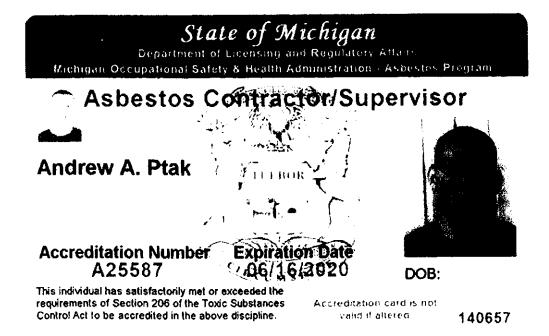




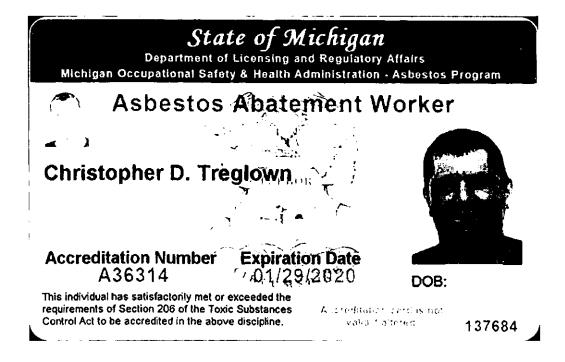


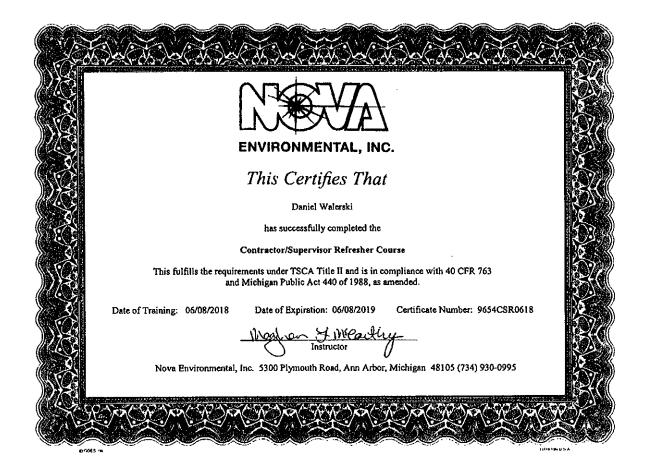


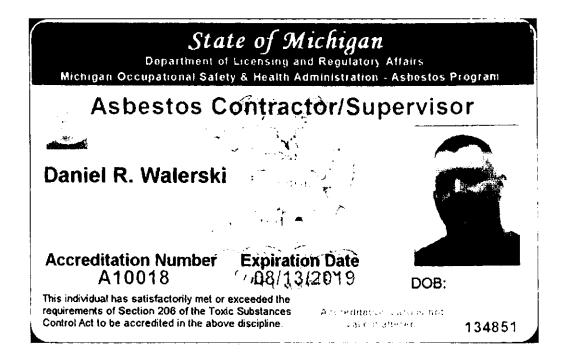














Michigan	<b>Department of Natural</b>	Resources
ter is located	Air Quality Division	

Check here if dumpster is located on a jobsite (not at the office)

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Internal Job #: 19-261 Landfill Approval #: 30691314442

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## ASBESTOS WASTE SHIPMENT DOCUMENT

1)	Worksite name & address:	Owner's Name:		Contact Name				
	Swift Lane Apartments	AAHC Platt Road Limited Housi	ng Assoc	Robert Nickoloff				
	1521 State St, 710-719 Henry St,	727 Miller Rd.		Contact Telephone #				
	11514-1520 White St,	Ann Arbor, MI 48103		(313) 354-2141				
	Ann Arbor, MI 48108							
2)	Operator's Name:	Operator's Address:		Operator's Telephone #:				
	Environmental Maintenance Engineers, Inc.	25851 Trowbridge		(313) 791-2600				
		Inkster, MI 48141						
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Addre	SS:	Disposal Site Telephone #:				
	Carleton Farms Landfill	28800 Clark Rd.		(734) 654-0001				
		New Boston, MI 48164						
4)	Responsible Agency:							
	Air Quality Division, Michigan Department of I	Natural Resources						
	P.O. Box 30028							
ĺ	Lansing, MI 48909							
5)	Description of Materials:							
	Hazard Class: 9 Identification Numbe	up: ill						
	Additional Description:							
6)	Containers:							
	# of Containers: Typ	e of Containers (drums, bags,	etc) Total Qt	v. (cu ft., cu vds., lbs., tons):				
	Friable Asbestos 3. 201	Buddles Bigs						
╘	Non-Friable Asbestos							
占	Other:		-					
7)	Special Handling Instructions and Addition	nal Information:						
-	Handled in accordance with all EPA, NESHAI							
8)	Operator's Certification: I hereby declare that th	e contents of this consignment are fully a	nd accurately de	escribed above by proper				
	shipping name and are classified, packed, marked, and condition for transport by highway according to applicable	labeled, and are in all respects in proper-	condition for tran	nsport by highway				
	Printed/Typed Name Jeff Cheney							
	Signature:			ect Manager				
9)	Transporter (Acknowledgement of Receipt		Date: <u>8-9</u>					
٩ļ								
	Name: Environmental Maintenance En Address: 25851 Trowbridge, Inkster, M			(212) 701 3800				
Ь				ber: (313) 791-2600				
エ				ervisor				
	Signature: Carlan All		Date: 5	31-19				
10)	Transporter 2 (Acknowledgement of Received Services - Wayne)           Name:         Republic Services - Wayne	pt of materials):						
	Address: 5400 Cogswell, Wayne, MI 481	94	Dhana Muud	(724) 046 0040				
	Printed/Typed Name: Clydle L		Phone Num					
			Title: Driv					
	Signature:			4.19				
11}	Waste disposal site owner or operator: Ce as noted in item 10.			ered by this manifest except				
	Printed/Typed Name:		Title:					
	Signature:		Date:	$\mathcal{U}^{-}$				