

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

May 31, 2019

Mr. Robert Nickoloff Norstar Building Corporation 222190 Garrison St., Suite 101 Dearborn, MI 48124

RE: Swift Lane Apts, Platt Road East, 3401 & 3451-3457 Platt Rd., Ann Arbor

Asbestos Abatement & Universal Waste Closeout Documents

EME Job #: 19-233

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

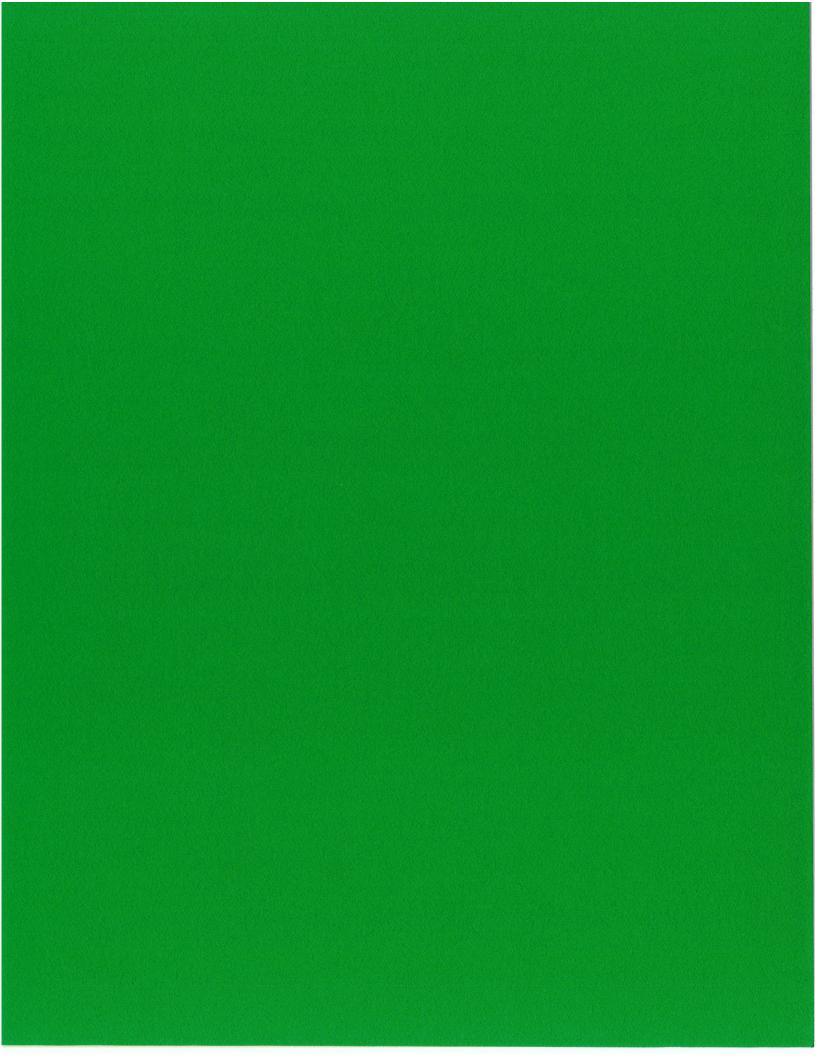
The certificate of recycling and bill of lading will be forwarded to you upon receipt. EME is looking forward to working with you in the future. If you have any questions or if I can be of further assistance, please do not hesitate to call me at 313.791.2600

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Enclosures



Environmental Maintenance Engineers, Inc. 25851 Trowbridge Street Inkster, MI 48141

Contractor Number C2684

Expiration Date 12/08/2019

State of Michigan

Department of Licensing and Regulatory 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

LICENSED ASBESTOS ABATEMENT CONTRACTOR

Type II (5 + employees)

The issuance of this license does not ensure that asbestos indemnification insurance coverage has been acquired by the licensee. This license is nontransferable.

MIO 3003 (05/2011) Authority: Michigan Public Act 135 of 1986, as amended

136972

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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.

0-26-18

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NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



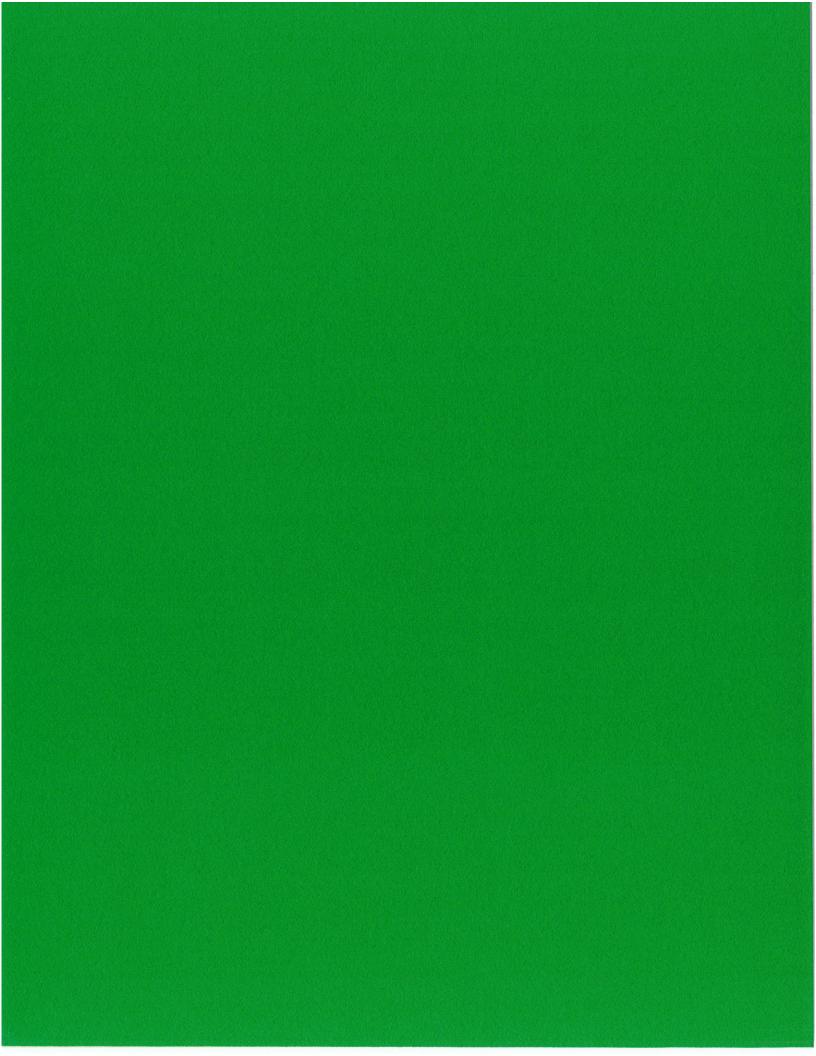
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) AIR QUALITY DIVISION

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,

NE.	SHAP, 40 CFR Part 61, Sub	part M			P.A. 135 OF	1986, AS AMEN	DED, Section	220 (1-4) or (8)
1. NOTIFICATION:				4. DEMOLITION	CONTRACTOR:	Internal Project	t#:	
Date of Notification	· 05/15/2019 Docur	ment #: 000	00325436	Name:				
Date of Original:			00313697	Mailing Addre	ess:			
Notification Type:	☐ Original ☑ Re			City/State/Zip				
**			3 u	E-mail:	ρ.			
	boxes: (both DEQ and LAR.			Contact:			Phone:	
DEQ (NESHAP) [2	60 In. ft./160 sq. ft. or more	is threshold]		COMILECT.			FIIOHE.	
☑ Planned Reno	ovation - 10 <u>working</u> days no	otice		5. FACILITY OW	/NER:	Internal Proje	ct #:	
Emergency R	enovation			Name: AAH	C Platt Road Limite	ed Housing Assoc	. LP	
☐ Scheduled De	emolition - 10 <u>working</u> days :	notice			ess: 727 Miller A	-		
☐ Intentional Bu	rn - 10 <u>working</u> days notice			i	p; Ann Arbor, MI			
☐ Ordered Dem	olition			E-mail:	p, 74111741DOI, 1411	40100		
LARA (MIOSHA) [Will not accept annual notif	fications]			and Tilleti		B 1	248-515-0292
☑ Demo, Reno,	Encap. (>10 In. ft./15 sq. ft.)	10 <u>calendar</u> days not	tice	Contact: Do	лац тискі		Phone:	240-010-0282
☐ Emergency R	enovation/Encapsulation	 •						
	bestos Project Fee:(1% Pro	iect Fee) 🕅	Time & material	6. FACILITY DE	SCRIPTION:			
Total Project Cost:	\$0.00	x 0.01 = \$0.00			e: Vacant Reside	ntial Anartments		
•	Type II	License No: C26	204	•	iress: 3451-3457			
Type of Contractor:	• •	License No: C20	, ,,,		ness. Onor one, MI			
Licensing Authority:	MIOSHA			County: Wa		\ge: 60		
2. PROJECT SCHEDU	JLE:			No. of Floors		-	of units: 4	
☐ Check here if thi	is is a multi-phased project, a	attach a schedule sho	wing the start/end	Nearest Cros		/ ipi, ir		
date of each pha				Size: (sq. ft.)		Floor No.:	1	
* Renovation:	START DATE	END	DATE		Vacant Residen		•	
+ Asb. Removal:	04/18/2019	05/24	1/2019		Residential Units			
	04/10/2013	UJIZ	1/2018		ation(s) in Facility:	Throughout		
+ Demolition:					.,	•		
Encapsulation:								
•	uild enclosure, asbestos remova e dates you are conducting asbe			7. DISPOSAL SI				
	: Please indicate the anticipa		and work hours	Name: Car	leton Farms Landfi	11		
	of scheduling a compliance i	•		Location Add	iress: 28800 Cla	rk Rd		
	Days of the Week	Work H	lours	City/State/Zip	p: New Boston, N	11 48164		
Asb. Removal:	M, Tu, W, Th, F	8a-4:30p		8. WASTE TRAI	NSPORTER(S):			
	, , , .			Name: En	vironmental Mainte	enance Engineers	ı	
Demolition:				Location Add	dress: 25851 Tro	wbridge		
				City/State/Zi	p; Inkster, MI 48	141		
Encapsulation:				Name: Re	public Services-Wa	ayne		
				Location Add	dress: 5400 Cogs	swell		
	work hours are not the same acre locument with Detailed Work Ho		or vary from day to	City/State/Zi	p: Wayne, MI 48	3184		
			··· · · · · · · · · · · · · · · · · ·				-4 1 = "	-410-1- :
3, ABATEMENT CON		Il Project #: 19-233		1	EMOLITIONS: (See copy of the official Ore	-		
	ental Maintenance Engineers	s, Inc.				man accompan	s ne nemocion	
•	25851 Trowbridge St.			Gov't Agency	y Ordering Demo:			
	nkster, MI 48141-2465			Name/Title o	f Person Signing O	rder:		
E-mail: mikek@te				Date of Orde	er:	Date Ordere	d to Begin:	
Contact: Michael	Kelly	Phone: 313	3-791-2600	1				
10. ASBESTOS INFO	RMATION							
ls asbestos prese	nt? (i.e. Assumed or identified in	n asbestos inspection rep	oort) 🗹 Yes	☐ No Willa	sbestos be remove	ed prior to demolit	ion?	Yes ☐ No
Estimate the amoun	nt of asbestos: Include RACM (I	Regulated Asbestos Con	taining Material) to be	removed, encapsula	ated, etc. Also include	the amount and typ	e (floor tile, roo	fing, etc.) of
	I and/or Category II ACM that w		•				cture, as it is like	ly to become
	nolition/handling process. It mus							
RACM/AC		M to be			moved prior to dem		11 %	414
to be remo	veo Enca	apsulated	Categ	ory I	Categor	y II	Units o	of Measure
	1						Ln. Ft.	☐ Ln. M.
					 			
30000	1						🗹 Sq. Ft.	☐ Sq. M.
 								
					i	-	Cu. Ft.*	□ Cu. M.*
411					<u> </u>			
"Volume (cubic ft./meter	s) should be used only if unable	to measure by linear/squ	are measure (exampl	e: asbestos has falle	n off of surface).			

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued) 11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) or B) for Demolition: A) RENOVATION: Mark all surfaces/types of RACM to be removed: Encapsulation (for LARA): Mark surfaces/types to be encapsulated: ☐ Fittings ☐ Boiler(s) □ Piping ☐ Tanks(s) ☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s) ☐ Beam(s) ☐ Duct(s) ☐ Tunnei(s) ☐ Ceiling Tile(s) ☐ Beam(s) Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s) Other (describe): Drywall and Drywall Joint Compound Method of removal: Describe how the asbestos will be removed: Glove Bag ☐ Neg. Pressure Cont. ☐ Cut into sections and remove ☐ Hand Scraping Dry Removal (please provide attachment with a description and explanation ☑ Other (describe): Full Enclosures

B) DEMOLITION: Indicate if complete or partial demolition: Complete or Partial (describe part of facility to be den	nolished);				
Method of Demolition: Describe the method of demolition of factors and the demolition of factors are demolition of factors. ☐ Disassen		Explosives	Other (describe):		
2. ENGINEERING CONTROLS: Describe work practices and enginee ☑ Water spray to control dust ☑ Place in leak tight con		event visible emis	sions before, during, and after Describe	er removal, and until pr	oper disposal:
3. UNEXPECTED ASBESTOS: Describe the steps you intend to follow (crumbled, pulverized, reduced to powder, etc.) and therefore reg ☑ Stop Work ☑ Wet material ☑ Contact			found or previously non-friabl	le asbestos becomes fi	
4. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBES A) Indicate how you determined whether or not asbestos is in the or absence of asbestos must be made prior to submitting a re All suspect materials sampled and analyzed using Polarize	e facility. If analytical sar enovation/demolition noti	fication):	describe method of analysis. Other (describe):	. (The determination of	the presence
B) Name, address, and phone number of company performing a Detroit, MI, 48227		an Environment	al Consultants LLC, 313-491-	2600, 12838 Gavel,	
		3/13/2018			
5. EMERGENCY RENOVATIONS: Date/time of emergency Describe the sudden, unexpected event: Explain how the event caused unsafe conditions, and/or would of the conditions of the event caused unsafe conditions and/or would of the conditions. Evidence that this provision is of the event caused unsafe condition. Evidence that this provision is of the event caused unsafe condition.	cause equipment damag	e and/or an unre	enovation and during demoki	tion involving RACM at tion at the renovation o	pove the r demolition
5. EMERGENCY RENOVATIONS: Date/time of emergency Describe the sudden, unexpected event: Explain how the event caused unsafe conditions, and/or would of the conditions of the event caused unsafe conditions and/or would of the condition of the provisions of the condition of the provision of the provisions of the condition of the provision o	cause equipment damag 61, Subpart M, will be or person has completed th	e and/or an unre	enovation and during demoki	tion involving RACM at tion at the renovation o	pove the r demolition
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5. EMERGENCY RENOVATIONS: Date/time of emergency Describe the sudden, unexpected event: Explain how the event caused unsafe conditions, and/or would of the sudden and/or during an ordered demolition. Evidence that this pasite. Michael Kelly Signature of Owner or Abatement/Demolition Contractor	cause equipment damages. S1, Subpart M, will be or person has completed the object of	e and/or an unre	enovation and during demoking will be available for inspect	tion at the renovation o	r demolition
5. EMERGENCY RENOVATIONS: Date/time of emergency Describe the sudden, unexpected event: Explain how the event caused unsafe conditions, and/or would of the sudden and/or during an ordered demolition. Evidence that this posite. Michael Kelly Signature of Owner or Abatement/Demolition Contractor 17. Signature Requirements for Projects with Negative Pressure Enter Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance feet or more of friable material which is performed within a negotian and the sudden and the sudd	cause equipment damages. S1, Subpart M, will be or person has completed the object of	e and/or an unre -site during the reference training LARA) LI (the building)	enovation and during demoking will be available for inspect	tion at the renovation of the control of the contro	r demolition
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Describe the sudden, unexpected event: Explain how the event caused unsafe conditions, and/or would of the sudden are conditions, and/or would continue the sudden are conditions. Evidence would be site. Michael Kelly Signature of Owner or Abatement/Demolition Contractor 17. Signature Requirements for Projects with Negative Pressure Enter Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance feet or more of friable material which is performed within a negative responsibility under Act 135 to have clearance air monitoring performed of Building Owner or Lessee NOTE: It is not mandatory that a signed copy be sent to LARA unless. For affected projects, this section of the notification form must be completed.	cause equipment damages. 61, Subpart M, will be or person has completed the object of	e and/or an unre	enovation and during demoking will be available for inspection and service of the	tion at the renovation of the control of the contro	r demolition







Today's Date/Day: 4-16-19 Job #: 19-133
Week Ending Date: 4-21-15 Job Name: Narkar - Sanft Line Apt.

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25851 Trowbridge S	t., Inkstei	r, MI 48141		Wor	rk Are	a:	70	110	 ,	. 	-		
Voice: 313.791,2600 Fax: 313	-	•	E.com						Th	1005h	out.		
Daily Constr	uctio	n Report								-			
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Mold Remediation	\Box	Dry	/ Ice Blasti	ng		7				Water Sy	stem Set-up	7	1
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Today's Date/Day:
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Week Ending Date:
Job Na
4-21-19
Noci

Job Name: Novst41 - Swift Law

Truck #/Driver: 36 To

ACM | Mold / Lead / Other

 Work Area:
Throughout

Daily Constru	ıctio	n Report						,			
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Employee Name Project Manager:		Accred. #	S/W	ln_	Out	ln	Out	Hrs	Eı	mployee Sigr	nature
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YEARS

Today's Date/Day: SMTW(T)FS 4-18-14 Week Ending Date:

Job#: Job Name:

Truck #/Driver: 36-Tone

Norster-Swift L ACM/ Mold / Lead / Other

25851 Trowbridge St				Wol	rk Area	1:	/	1 :	i		
Voice: 313.791.2600 Fax: 313.			E.com					hrough	ost_		
Daily Constru	ıctio	n Report									
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			1	Bundles	<u> </u>	_	undles		m plete - n	o one will ne	eed to return
I certify area has been visually	inspec	ted all equipm	ent is	off site	and th	ere is	no debri	s or oth	er mate	rials left	
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Signature: Church /	Xu								 -		





Today's Date/Day: SMTWT(F)S Week Ending Date:

Job Name:

Truck #/Driver: ACM | Mold / Lead / Other 25851 Trowbridge St., Inkster, MI 48141 Work Area: Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com **Daily Construction Report** General Workidescription ACM Pipe/Fitting Removal Signs/Banner Tape ACM Boiler/Tanks/Breeching Encapsulation Criticals Set-up ACM Acoustical Ceiling Patch/Repair Fuli/Mini Enclosure ACM Ceiling Tiles/Glue Pods Glove-bag Removal Plywood 2"x4" Structures VAT Mastic Carpet Enclosure AFD's Set-up Vented Transite Sidino/ Removal/Replacement Isolation of HVAC system Insulation/Vermiculite LBP Removal Chemical Poly Walls Floors Drops Lead Based Paint LBP HEPA Power Tools Portable/Full Decon Chamber Mold Remediation Dry Ice Blasting Water System Set-up Industrial/Universal Waste Aggressive Hand Cleaning Electric GFCI's/Temp. Panel Other Joint Conput. Selective Demolition Scaffold/Bakers/5'x7'/Manlift Reisonal projective equipments Clean-up activities seem inspections is the large N n/a # of Neg. Air Machines Y N n/a Respiratory protection Gross/Final Clean-up Barriers Intact And Sound Half-Face/Full-Face/PAPR's Load Out Activities DECON/Shower Inspection Disposable Suits Surfactants/Ledizoly Employee PPE Used Steel Toe/Rubber Boots -Wet Methods IAQ Shockwave Electrical Safety In Place Gloves Rubber/Cotton -HEPA Vacuum Sequence OSHA Inspection Site Review Safety Glasses/Full Face All Equip./Tools Cleaned Consultant/EME Monitoring Hard hats/Hearing Protection Final Lockdown Consultant/Supervisor Visual Fall Protection Work Area Teardown Personnel Decontaminated Scaffold Safety Rails/Manlift Final Worksite Walk-Thru Work Area Inspected/Secure Consultant Firm: Visual/Testing: Representative Name: Accreditation Number: Comments: Class Time Time Time Time Total **Employee Name** Accred. # S/W Out Out Hrs **Employee Signature** Project Manager: Safety Issues: **Asbestos Waste Dumpster** EME Onsite ~~Friable~ ~~ Non-Friable~~ Status of Job Bags Bags Project On-going - someone to return Drums Drums Complete - no one will need to return Bundles Bundles

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Luly





YEARS W

Today's Date/Day: S 例 T W T F S ムノス・将 Week Ending Date: リース省-14

Job #: 14 · 13 3

Job Name:

Truck #/Driver:

Norstar-Swift Lane Apts
ACM / Mold / Lead / Other

Work Area

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Today's Date/Day: S M (T) W T F S 4-23-14 Week Ending Date:

Job#: Job Name:

Truck #/Driver:

ACM Mold / Lead / Other

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25851 Trowbridge St., Inkster, MI 4	18141	Work Area:		1
Voice: 313.791.2600 Fax: 313.791.2601 wi	ww.teamEME.com		1 hravshow	N
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Signature: Juntar Chiff





Today's Date/Day: SMT(W)TFS 4・L4-19 Week Ending Date:

Job#:

Job Name:

Truck #/Driver:

ACM Mold / Lead / Other

25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com Work Area: Throughout

Daily Constru	uctio	n Report							,,,		-		
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Today's Date/Day: SMTW(T)FS Week Ending Date:

Job Name:

Job#:

Truck #/Driver: Work Area:

(ACM) Mold / Lead / Other

Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

25851 Trowbridge St., Inkster, MI 48141

Daily Co	ns	truc	tio	n Report							
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ACM Ceiling Tiles/Glue Pods] '	Glove-bag Removal			Plywood 2"x4" Structures			\Box	
VAT Mastic Carpet] '	Enclosure			AFD's Set-up Vented	١		\Box	
Transite Siding/[] '	Removal/Replacement			Isolation of HVAC system	١			
Insulation/Vermiculite] '	LBP Removal Chemical			Poly Walis Floors Drops	4			
Lead Based Paint] '	LBP HEPA Power Tools			Portable/Full Decon Chamber	1			
Mold Remediation] '	Dry Ice Blasting			Water System Set-up	1		\Box	
Industrial/Universal Waste] '	Aggressive Hand Cleaning			Electric GFCI's/Temp. Panel			\Box	
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Steel Toe/Rubber Boots Wet Methods IAQ Shockwave Electrical Safety In Place Gloves Rubber/Cotton **HEPA Vacuum Sequence** OSHA Inspection Site Review Safety Glasses/Full Face All Equip./Tools Cleaned Consultant/EME Monitoring -Hard hats/Hearing Protection Final Lockdown Consultant/Supervisor Visual _-Fall Protection Work Area Teardown Personnel Decontaminated -Scaffold Safety Rails/Manlift Final Worksite Walk-Thru Work Area Inspected/Secure Consultant Firm: Visual/Testing:

Representative Name:

Accreditation Number:

Comments:										
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I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Mullin Part







Today's Date/Day: S(M)T W T F S Week Ending Date: Job#:

Truck #/Driver:

Job Name: Naister - Swift Lane, ACM | Mold / Lead / Other

25851 Trowbridge St Voice: 313.791.2600 Fax: 313.			·~	Wo	rk Area	: 1	hrough	.4				
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Week	End	ing	D	ate		14

Job#: Job Name

Truck #/Driver:

ACM / Mold / Lead / Other

Work Area:

Y N n/a

Generality for the property of
Daily Construction Report

Y N n/a

ACM Pipe/Fitting			Removal			Signs/Banner Tape -							
ACM Boiler/Tanks/Breeching		E	ncapsula	ition						cals Set-up	-		
ACM Acoustical Ceiling			Patch/Re	pair					Full/Min	i Enclosure	-	1	
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25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: SMT(W)TFS (-)-19	Job#: 14-233
Week Ending Date:	Job Name: Mostas - Suifi Lanc APTS
Truck #/Driver:	ACM / Mold / Lead / Other
Work Area:	

Daily Construction Report

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ACM Pipe/Fitting				ioval —	<u> </u>				Signs	s/Banner Tape
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25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: SMTW∏FS ⟨ ·) - 14	Job#: 19 233
Week Ending Date:	Job Name: Norstee - Swallene Asts
Truck #/Driver:	ACM Mold / Lead / Other
Work Area: The suit aut	
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Daily Construction Report

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ACM Pipe/Fitting				Removal -						Signs/8	Banner Tape			
ACM Boiler/Tanks/Breeching			E	ncapsula	tion] [Cri	ticals Set-up		П	
ACM Acoustical Ceiling]	1	Patch/Re	pair		1 1			Full/Mi	ni Enclosure	-	\neg	
ACM Ceiling Tiles/Glue Pods		1	Glove-l	ag Rem	oval		1		Ply	wood 2"x4	1" Structures		丁	
VAT Mastic Carpet		1 :		Enclos	sure		1 I		•	AFD's Se	et-up Vented			
Transite Siding/		1	Removal/l	Replacen	nent		1 1		Isol	ation of H	VAC system		\neg	
Insulation/Vermiculite		1	LBP Remo	val Chem	nical		1		Po	oly Walls F	Floors Drops		\neg	\neg
Lead Based Paint		1	LBP HEPA	Power To	ools		1 I			•	on Chamber		_	\neg
Mold Remediation		1	Dn	/ Ice Blas	ting		1			Water Sv	stem Set-up			┪
Industrial/Universal Waste		1	Aggressive Ha	and Clear	ning		1 I	Electric GFCl's/Temp. Panel					_	
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Respiratory protection		1	Gross/Fi	nal Clear	1-UD		ı⊢́	<u>~</u>	-		t And Sound	<u> </u>	ĖΤ	<u> </u>
Half-Face/Full-Face/PAPR's		1		Out Activ							er Inspection	$\overline{}$	\dashv	
Disposable Suits -		1		Surfactants/Ledizoly							e PPE Used	$\overline{}$	-+	
Steel Toe/Rubber Boots		1		et Methods IAQ Shockwave					Fle		fety In Place			
Gloves Rubber/Cotton		1		HEPA Vacuum Sequence							Site Review	П	\dashv	
Safety Glasses/Full Face -		1		All Equip./Tools Cleaned -						•	E Monitoring	_	\neg	
Hard hats/Hearing Protection		1		Final Lockdown							rvisor Visual		\dashv	\dashv
Fall Protection		i		Work Area Teardown Personnel Decontaminated						-	\rightarrow	\dashv		
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Signature: Andry	H												*	1/2





Today's Date/Day: SMTWT/F)S 5-3-14	Job #: 19-233
Week Ending Date:	Job Name: Noister-Swift Lane Apks
Truck #/Driver:	ACM / Mold / Lead / Other
Work Area:	

25851 Trowbridge S Voice: 313.791.2600 Fax: 313.			E.com	WO	rk Area	1:	1	h rough	hut				
Daily Constru	ıctio	n Report							- "242		•		
General Work Description		The type of ab	atemen	t condu	cted:		Set-	up'oro	cedures	s conduc	ted:	17244	
ACM Pipe/Fitting ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Transite Siding/		E Glove-l Removal/l	Remincapsula Patch/Re pag Remi Enclos Replacen	Y oval ation apair oval sure nent	N n/a	_	Graphia.	ar i i i i i i i i i i i i i i i i i i i	Ply	Signs/E Crit Full/Mit wood 2"x4 AFD's Se lation of H'	Banner Tape ticals Set-up ni Enclosure t" Structures et-up Vented VAC system	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n/a
Insulation/Vermiculite Lead Based Paint Mold Remediation Industrial/Universal Waste Other Jajak Canpad Personal protective equipment: Y N	n/a	Aggressive H	Power To y ice Blas and Clear ye Demol	ools sting ning	N n/a		insp	ection	Portabl Electri Scaffo	e/Full Deci Water Sy ic GFCI's/I ild/Bakers/	Floors Drops on Chamber stem Set-up Temp. Panel 5'x7'/Manlift		
Respiratory protection Half-Face/Full-Face/PAPR's Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Fall Protection Scaffold Safety Rails/Manlift Consultant Firm:	Iva	Load e Surfact Wet Methods IAC HEPA Vacuu All Equip./T	im Seque ools Clea aal Lockd ea Teard	ities / izolv	N n/a		ual/T	# or	Bar DEC Eli OSHA Cons Consu Pers Work	ON/Showe Employe ectrical Sa Inspection sultant/EMI Iltant/Supe onnel Dec	t And Sound er Inspection e PPE Used fety In Place Site Review E Monitoring rvisor Visual ontaminated acted/Secure		i n/a
Representative Name: /4/5/		14#						_	Number	:			
Comments:	1		Class	Time	7:	T 22:-		T !	T-4-1	1			
Employee Name Project Manager:	,	Accred.#	S/W	Time In	Time Out	Tir II	1	Time Out	Total Hrs	E	mployee S	Signatu	ıre
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Pat O'Boxk	<i>A3</i> 45	10175		700 600	11 ³⁵	 } }		3 ³⁰ 4 ^{xi}	9.5	PX			
Safety Issues:				Asb	estos V	Vaste	e		Dump	ster	EME	0	nsite
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				Bundles			Bunc			mplete - n	o one will ne	ed to re	turn
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ACM Pipe/Fitting

ACM Boiler/Tanks/Breeching



General Works Despription: A server in the type of tablitone it conducted was Serve procedures conducted was

Encapsulation

Removal

Work Area:

N n/a

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Today's Date/Day: SMTWTFS ~~~~~	Job#: 19-233
Week Ending Date:	Job Name: Norstar-Swift Line Apts
Truck #/Driver:	ACM Mold / Lead / Othe

N n/a

Signs/Banner Tape

Criticals Set-up

Throughout

Daily	Cor	ıstru	ction	Report
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N n/a

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ACM Ceiling Tiles/Glue Pods		Glove	-bag Rem	oval] [Ply		l" Structures			
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Transite Siding/	$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}$	B	l/Replacer			1		Iso	lation of H	VAC system		Ш	
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Lead Based Paint		LBP HEP	A Power T	ools		l		Portable	e/Full Dec	on Chamber	-		ĺ
Mold Remediation			ry Ice Blas] [stem Set-up	7		1
Industrial/Universal Waste		Aggressive I								Temp. Panel			
Other Joint Congan			tive Demol					Scaffo	ld/Bakers/	5'x7'/Manlift			
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Safety Glasses/Full Face -		All Equip./	Tools Clea	aned -		1 1		Cons	ultant/EMI	E Monitoring	-	\Box	
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Today's Date/Day: S M) W T F S 5-7-19 Week Ending Date:

Job #:

Job Name:

Truck #/Driver: <u> 36 -</u>

Work Area:

Daily	Construction	Report
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25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

General Work Description Care		The type of ab	atemen	t côndy	cted)	Set	up pjø	cedurés	conduc	ed facts		
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ACM Pipe/Fitting			Rem	oval			Signs/Banner Tape					
ACM Boiler/Tanks/Breeching			ncapsula						Crit	icals Set-up		
ACM Acoustical Ceiling			Patch/Re				Full/Mini Enclosure -					
ACM Ceiling Tiles/Glue Pods		Glove-I	pag Rem				Plywood 2"x4" Structures					
VAT Mastic Carpet		D 10	Enclosure //Replacement				AFD's Set-up Vented					
Transite Siding/Insulation/Vermiculite	\vdash		oval Chemical				Isolation of HVAC system					
Lead Based Paint	\vdash	1	A Power Tools			j	Poly Walls Floors Drops - Portable/Full Decon Chamber					
Mold Remediation	 }	1	ry Ice Blasting				Portable/Full Decon Chamber — Water System Set-up _					+
Industrial/Universal Waste	\vdash	Aggressive Ha	·			l		Electri		emp. Panel	┝	+ 1
Other Joint Company	\Box		e Demol							5'x7'/Manlift		\vdash
Personal protective equipment.		Clean ub activ					bection					
	n/a		ALTERNATION AND A	Y	N n/a	Z			Machines			n/a
Respiratory protection -		Gross/F	inal Clear			 				And Sound		T
Half-Face/Full-Face/PAPR's			Out Activ	• •						r Inspection		
Disposable Suits -		Surfact	ants/Ledi	izolv		l				PPE Used	-	
Steel Toe/Rubber Boots -		Wet Methods IAC	Shockw	vave				Ele	ectrical Saf	ety In Place	-	
Gloves Rubber/Cotton -		HEPA Vacuu	ım Seque	ence –				OSHA I	nspection	Site Review		
Safety Glasses/Full Face		All Equip./T								Monitoring		
Hard hats/Hearing Protection		1	al Lockd		\longrightarrow					visor Visual		 ↓
Fall Protection		Work Ar								ontaminated	-	↓ 1
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1997 - 2017

Today's Date/Day: SMTW(T)FS 5-9-18	Job #: 19-133
Week Ending Date:	Job Name: Norstar-Swift Lane Auts
Truck #/Driver: 36 - P4+	ACM Mold / Lead / Other
Work Area:	

Throughout

25851 Trowbridge St., Inkster, MI 48141								
Voice:	Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com							
Daily Construction Report								

	1000												
General Work Description:		The type of ai	atemen	t condu	cted:	Sei	Set-up procedures conducted:						
<u>Y</u> N	n/a			Y	Ñ n/a						ΥN	n/a	
ACM Pipe/Fitting			Rem	oval -			Signs/Banner Tape -						
ACM Boiler/Tanks/Breeching		1	Encapsula	ation		}		Criticals Set-up -					
ACM Acoustical Ceiling			Patch/Re	epair					Full/N	lini Enclosui	e	\Box	
ACM Ceiling Tiles/Glue Pods		Glove	bag Rem	ioval				Plywood 2"x4" Structures					
VAT Mastic Carpet			Enclo	sure			AFD's Set-up Vented						
Transite Siding/		Removal	/Replacer	nent			Isolation of HVAC system -						
Insulation/Vermiculite		LBP Remo	oval Cher	nical			Poly Walls Floors Drops -						
Lead Based Paint		LBP HEPA	Power T	ools			Portable/Full Decon Chamber -						
Mold Remediation		Di	y Ice Bla	sting			Water System Set-up						
Industrial/Universal Waste		Aggressive F	land Clea	ining			Electric GFCI's/Temp. Panel					\Box	
Other Joint Company		Selecti	ve Demo	lition			Scaffold/Bakers/5'x7'/Manlift						
Personal protective equipment:		Clean-up activ	Clean-up activities:					Inspections:					
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Respiratory protection		Gross/F	inal Clea	n-up -				•		ct And Sour	ıd -		
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Disposable Suits -		Surfac	tants/Led	izolv						ee PPE Use	-	\Box	
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Hard hats/Hearing Protection -			nal Locko							ervisor Visu	~ 	†	
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Scaffold Safety Rails/Manlift		Final Works								ected/Secur	-	++	
Consultant Firm:						Visual/	Testing			0010070000	<u> </u>		
Representative Name: AFC	/	Mitt					litation l						
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Employee Name Project Manager:	<u>_</u>	Accred. #	S/W	ln_	Out	ln	Out	Hrs		Employee	Signatu	re	
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25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com Today's Date/Day:
S M T W T G S 5-10-19

Week Ending Date:
5-12-19

Truck #/Driver:
3(--NATE H)

Job #: 19-233

Job Name:
Nor STAR-SWIT LAW? ApTs

ACM | Mold | Lead | Other

Truck #IDriver: 36-NATE H ACM) M
Work Area: 3455-3457 THRougout

Daily Construction Report

PLATT Rd. ANN ARBOR

General Work Description:		Daily Constituction Report							78.001			
YN		The type of ab	atemen	t condu	cted:		Set-up procedures conducted:					
	n/a			Y	N n/	<u>a</u>					Y N n/a	
ACM Pipe/Fitting	Ш			noval 🔀					Sign	ıs/Banner Tape		
ACM Boiler/Tanks/Breeching	\sqcup		Encapsul			_				Criticals Set-up		
ACM Acoustical Ceiling	-		Patch/Re	. —		4 4		_		/Mini Enclosure	\rightarrow	
ACM Ceiling Tiles/Glue Pods	Н	Glove-	bag Rem		\vdash	- 1		Р	-	"x4" Structures		
VAT Mastic Carpet Transite Siding/	\vdash	D = == = = 1	Enclo			- 1	AFD's Set-up Vented 🔀					
Insulation/Vermiculite	Н	Removal/			\vdash	-				-		
Lead Based Paint	\vdash		LBP Removal Chemical LBP HEPA Power Tools						-	is Floors Drops	-	
Mold Remediation	\vdash		y Ice Bla		\vdash	- 1	Portable/Full Decon Chamber 🔀 Water System Set-up					
Industrial/Universal Waste	\Box	Aggressive H	•			-	Electric GFCl's/Temp. Panel					
Other			ve Demo			1	Scaffold/Bakers/5'x7'/Manlift					
Personal protective equipment:		Clean-up activ	ities:	1 3	٠.	•	Inspecti	ons:	* (A.)			
	n/a			Y	N n/		•	of Neg. Ai	r Machin	ies	Y N n/a	
Respiratory protection		Gross/F	inal Clea	п∼ир⋝		٦				tact And Sound	STITE OF THE PERSON AND PERSON AN	
Half-Face/Full-Face/PAPR's		Load	Out Activ	/ities 🔀						wer Inspection		
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Steel Toe/Rubber Boots		Wet Methods IA(•					E	lectrical	Safety In Place		
Gloves Rubber/Cotton	Ш	HEPA Vacui				_				on Site Review		
Safety Glasses/Full Face	\vdash	All Equip./T			\perp	-				EME Monitoring		
Hard hats/Hearing Protection	₩		nal Locko		_	4				ipervisor Visua	 	
Fall Protection	<u> </u>		ea Teard			4	Personnel Decontaminated					
Scaffold Safety Rails/Manlift		Final Works	Final Worksite Walk-Thru						Area Ins	spected/Secure		
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Representative Name: 17E.C		· · · · · · · · · · · · · · · · · · · 					reditatio	n Numbe				
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General Work Description:

ACM Boiler/Tanks/Breeching

ACM Pipe/Fitting



The type of abatement conducted:

Removal

Encapsulation

Today's Date/Day: S(M) T W T F S

Week Ending Date:

Job Name:

Set-up procedures conducted:

Job#:

Signs/Banner Tape

Criticals Set-up

Truck #/Driver: 3

ACM/ Mold / Lead / Other

25851 Trowbridge St., Inkster, MI 48141

Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Work Area:	Throughout

Daily	Cons	truction	Report
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N n/a

ACM Acoustical Ceiling			1	Patch/Re	pair						Full/M	liní Enclosure			
ACM Ceiling Tiles/Glue Pods			Glove-t	oag Rem	oval					Ply	wood 2"x	4" Structures			
				Enclos	виге			- [AFD's S	et-up Vented			
Transite Siding/		İ	Removal/I	Replacen	nent					Isol	ation of H	HVAC system			1 1
Insulation/Vermiculite	1		LBP Remo	val Chem	nical					Po	ly Walls	Floors Drops			
Lead Based Paint			LBP HEPA	Power To	ools				Portable/Full Decon Chamber ~						
Mold Remediation			Dr ₃	/ Ice Blas	ting						Water S	ystem Set-up			
Industrial/Universal Waste		l	Aggressive Ha	and Clear	ning				Electric GFCI's/Temp. Panel						
Other Joint Computal			Selectiv	e Demol	ition					Scaffold/Bakers/5'x7'/Manlift					
Personal protective equipment;			Clean-up activ	itles:				Ins	pection	s: .				9 11 1 1 11.2	
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Half-Face/Full-Face/PAPR's -			Load	Out Activ	ities					DEC	ON/Show	er Inspection			
Disposable Suits			Surfact	ants/Ledi	zolv						Employ	ee PPE Used	الأ		
Steel Toe/Rubber Boots -			Wet Methods IAC	Shockw	/ave					Ele	ctrical S	afety In Place			i
Gloves Rubber/Cotton -			HEPA Vacuu	m Seque	nce					OSHA I	nspection	n Site Review			
Safety Glasses/Full Face			All Equip./Te	ools Clea	ned					Cons	ultant/EN	ME Monitoring			
Hard hats/Hearing Protection			Fin	al Lockd	own					Consul	tant/Sup	ervisor Visua			
Fall Protection			Work Ar	ea Teard	own							contaminated			
Scaffold Safety Rails/Manlift	╅┈	1	Final Worksi									ected/Secure		+	
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Supervisor:					230			20	1,00				1	1 .11	,
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					Bags			Bag	gs	Pro	ject On-	going - some	one to	eturn	
					Drums		_	Dru	ims	Note:					
			·		Bundles		<u> </u>		ndles		<u> </u>	no one will no	ed to re	turn	
I certify area has been visually	inşp	ect	ed, all equipme	ent is o	ff site a	nd 1	ther	e is no	debris	or othe	r mater	ials left.			
Signature: Lundar 1	As.												•	M	2





Todav's Date/Day: S M (W) T F S 5-15-14 Week Ending Date:

Job #: 19.233
Job Name:
Nastar - Swift Lanc April

ENGINEE	RS, IN	C. 1997 - 2	017	Tru	ck #/Dri		Pat		(ACM)	Mold /	Lead	/ Other
25851 Trowbridge S				Wo	rk Area		<u> </u>		· /	<u>-</u>		
Voice: 313.791.2600 Fax: 313.			E.com	_				hrouge	host			-
Daily Constru												
General Work Description (#1).		The type of a	atemen	ticondu		Se Se	tiup pro	céduré	oconduc	logica,	MW.	Payrole
ACM Pipe/Fitting Y N	n/a		Rem	oval 🗀	N n/a				Sions/B	anner Tape	_	N n/a
ACM Boiler/Tanks/Breeching		[ncapsula			1	Criticals Set-up					
ACM Acoustical Ceiling			pair			Full/Mini Enclosure						
ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet	 	Glove-	sure	-		Plywood 2"x4" Structures AFD's Set-up Vented						
Transite Siding/		Removal/						Isol		/AC systen		
Insulation/Vermiculite		LBP Remo							-	loors Drops	-	\square
Lead Based Paint Mold Remediation	Н	LBP HEPA	Power i y Içe Blas		-					in Chambe stem Set-uj	-	
Industrial/Universal Waste		Aggressive H	•						•	emp. Pane		
Other Tast Cuapulal	20447900962323		e Demol		41	SOCIETY METERS	TOTAL TRANSPORTATION			5'x7'/Manlift	22243	
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Respiratory protection	n/a	Gross/F	inal Clear	n-up —	N n/a	ı H	<u> </u>	•	Machines riers Intact	And Sound	1 - 1	N n/a
Half-Face/Full-Face/PAPR's -		Load							r Inspection	_		
Disposable Suits -	Щ	Surfact	-				r-1		PPE Use			
Steel Toe/Rubber Boots Gloves Rubber/Cotton	H	Wet Methods IA0 HEPA Vacuu	-						ety In Place Site Reviev	$\overline{}$	+++	
Safety Glasses/Full Face		All Equip./T	ned		Consultant/EME Monitoring -							
Hard hats/Hearing Protection		Final Lockdown					Consultant/Supervisor Visual					\square
Fall Protection Scaffold Safety Rails/Manlift	-	Work Ar Final Worksi	ea Teard							ontaminate cted/Securi		\vdash
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Representative Name: 15	· -/	Matt					ditation		r:			
Comments:	•	• • • •										
Empleyee Name		Annual #	Class	Time	-				Class.	-4		
Employee Name Project Manager:	<u>_</u>	Accred. #	S/W	ln	Out	l In	In Out Hrs Employee Signat				ature	
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Safety Issues:				Asb	estos V	/aste		Dump		EME	-	Onsite
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			163	Bags		Ва	gs	†Pro	ject On-g	oing - som	еопе	to return
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			<u> </u>	Bundles			ındles		•	o one will r	ieed t	o return
I certify area has been visually	inspec	ted, all equipn	nent is	off site	and the	ere is r	no debri:	s or oth	er mate	riais left.		
Signature: Under Fliff												





25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: SMTW(T)FS 5.(6.(9 Week Ending Date: Truck #/Driver: 31

Job Name:

Job#:

ACM / Mold / Lead / Other

Work Area:

Daily Constru	uction	n Report										
eneral Work Description:		The type of ab	atěměn	t condu	itted:	∌\$2 Set	-up pro	cédurés	condi	cted/#44.5		
	n/a			Y	N n/a							N n/a
ACM Pipe/Fitting	<u> </u>			oval 🗻	└	l i				/Banner Tape		Щ
ACM Boiler/Tanks/Breeching	 		Encapsula		\square					riticals Set-up		\dashv
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ACM Ceiling Tiles/Glue Pods		Glove-	bag Rem				Plywood 2"x4" Structur					+
VAT Mastic Carpet	├ ┤		Enclo:		$\vdash\vdash$		AFD's Set-up Vent					\dashv
ransite Siding/Insulation/Vermiculite	 	Removal/ LBP Remo	•		$\vdash\vdash$		Isolation of HVAC system Poly Walls Floors Drops					
Lead Based Paint	₩'	LBP Remo					1 '					+
Mold Remediation	╀ '	4	y Ice Blas		\vdash		Portable/Full Decon Chamber					+
Industrial/Universal,Waste	├ ─┤	Aggressive H	•	~	\vdash			Electri		s/Temp. Pane		
Other Joint County	 		ve Demol		 					s/5'x7'/Manlift	┢	\dashv
rsonal protective equipment:		Clean-up activ				in la	Maction	s!/// *				
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onsultant Firm:					'	Visual/	Testing					
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1997 - 2017

Today's Date/Day:
S M T W T) F S 5-17-19
Week Ending Date:
5-19-19
Job Name:
Work #/Driver:
36-79+
ACM Mold / Lead / Other
Work Area:

houshout

25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Daily Construction Report

General Work Describlion		The type of ab	atemen	condu	cted #	S S	et-up pro	cedures	conduc	ted? To to U.S.	(Maria	
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Signature: Auglan / S	- Agent										- 1	\mathcal{M}





General Work Description: 🗱 🐪 The typerof abatement conducted) 💥 Set up procedures conducted

25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day:	Job #: , , ,
Today's Date/Day: S V T W T F S 5・20~14	11-233
Week Ending Date:	Job Name: n
5-26-19	Naistar-Swift Lyne Ant
Truck #/Driv	ACM/ Mold / Lead / Other
Work Area: Throughous	<u> </u>
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Daily Construction Report

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Today's Date/Day: S M T)W T F S 5-21-19 Week Ending Date:

Job Name:

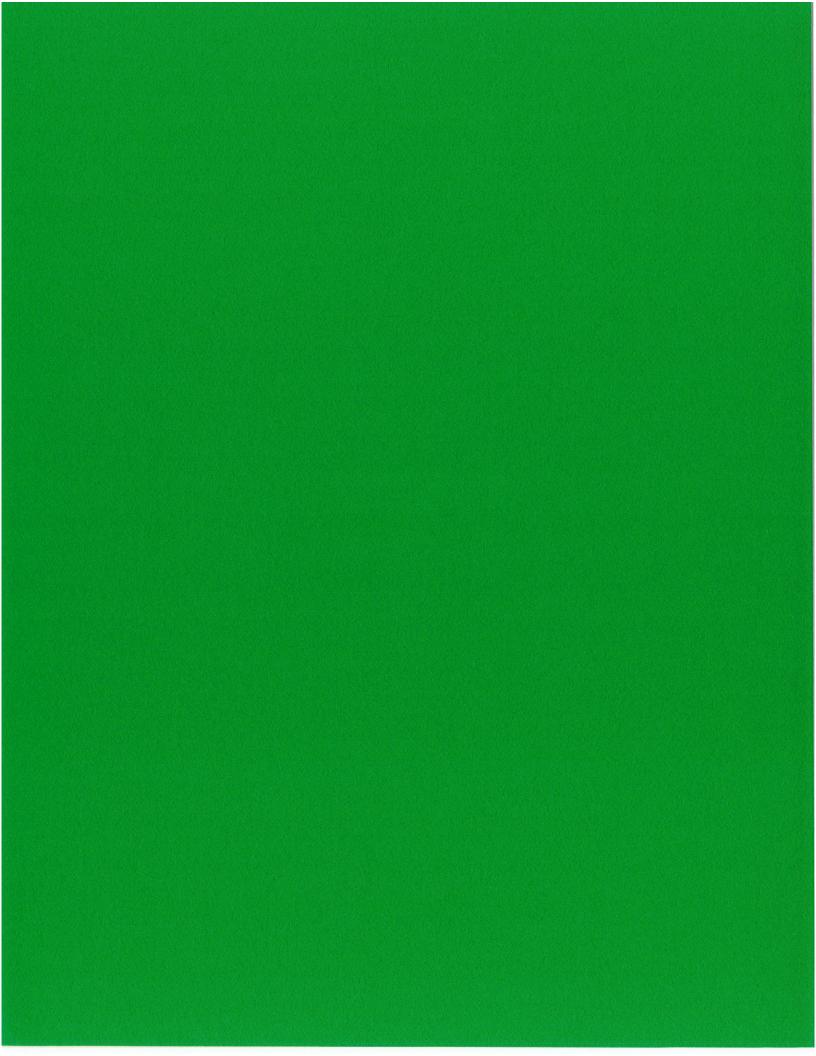
Job#:

Narster-Swift Lan ACM / Mold / Lead / Other

25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Truck #/Driver:

Daily Constru	ıctio	n Report		ı								
General Work Desgribtion		The type of ab	atemen	t condu	cted;#	i s Se	tup pro	cedures	conducte			
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870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Brad Altherr

XXX-XX

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FOR: EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR WORKERS

Course Dates: March 31, 2019

Expiration Date: March 31, 2020

Training Location: 870 Capitol Ave, Lincoln Park, MI

Certificate Number: WR-2019 0017

Jim Watts
Jim Watts, Instructor

State of Michigan

Department of a reasing and Regulators Atlant.

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker

Bradley F. Altherri

Accreditation Number A45730

Expiration Date

DOB:

This individual has satisfactority met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if aftered



State of Michigan Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Rica no

Brent L. Cheney

Accreditation Number Expiration Date A41305 Expiration Date 05/25/2020

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.



DOB:



State of Michigan Department of Licensing and Regulatory Affairs

 \emph{W} ichigan Occupational Salety $\emph{\&}$ Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Anthony V. Gillow

Accreditation Number Expiration Date
A38685 406/03/2020



This individual has satisfactority met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Isaak J. Cruz

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FORTY (40) - HOUR INITIAL ASBESTOS ABATEMENT TRAINING FOR CONTRACTORS AND SUPERVISORS

Course Dates: June 18,19,20,21,22, 2018

Exam Dates: June 22, 2018 Expiration Date: June 22, 2019

Training Location: 870 Capitol Ave, Lincoln Park, MI

Certificate Number: CSI-2018 0061

Jim Watts
Jim Watts, Instructor

State of Michigan

Department of Licensing and Regulatory Affairs Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Isaak J. Cruz

Accreditation Number A52584

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if attered

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Mark Hasselbach

xxx-xx-

as successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FOR:

EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR WORKERS

ourse Dates: March 31, 2019

Certificate Number: WR-2019 0018

xpiration Date: March 31, 2020

aining Location: 870 Capitol Ave, Lincoln Park, MI



State of Michigan

Department of the enviring and Kegulatons whate:
Michigan Ortupational Safety & Health Administration - Asbestes Problems

Asbestos Abatement Worker

Mark A. Hasselbach, Jr.

Accreditation Number

Expiration Date 06/04/2020



DOB

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if aftered

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Devin Hayes

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FOR:

EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR CONTRACTORS AND SUPERVISORS

Course Dates: July 15, 2018

Certificate Number: CSR-2018 0226

Jim Watts, Instructor

Expiration Date: July 15, 2019

Training Location: 870 Capitol Avenue, Lincoln Park, MI

State of Michigan

Department of Licensing and Regulatory Affairs Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Devin R. Hayes

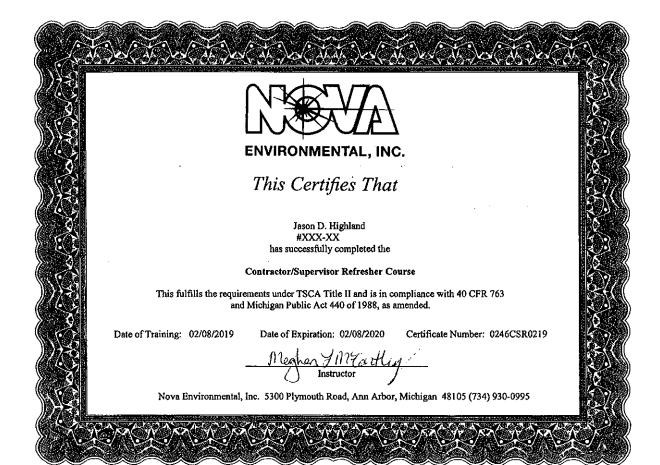
Accreditation Number A49016

Accreditation card is not valid if altered.

DOB:

135405

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.



State of Michigan Department of Licensing and Regulatory Affairs

Department of Licensing and Regulatory Affairs Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Jason D. Highland



Expiration Date
(A3/24/2020



DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation pand is not yallo if aftered

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Nathaniel N. Hill

XXX-XX-

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance
Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61
(NESHAP Revision).

FOR:

EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR CONTRACTORS AND SUPERVISORS

Course Dates: January 13, 2019

Certificate Number: CSR-2019 0012

Jim Watts

Jim Watts, Instructor

xpiration Date: January 13, 2020

raining Location: 870 Capitol Avenue, Lincoln Park, MI

State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Nathaniel N. Hill



Accreditation Number A30676

Expiration Date

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Jason R. B. Robinson-Howard

XXX-XX.

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 of 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FOR:

EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR CONTRACTORS AND SUPERVISORS

Course Dates: September 23, 2018

Certificate Number: CSR-2018 0278

Jim Watts

Jim Watts, Instructor

Expiration Date: September 23, 2019

Training Location: 870 Capitol Avenue, Lincoln Park, MI

State of Michigan Department of Licensing and Regulatory Affairs

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Confractor/Supervisor

Jason R.B. Robinson-Howard

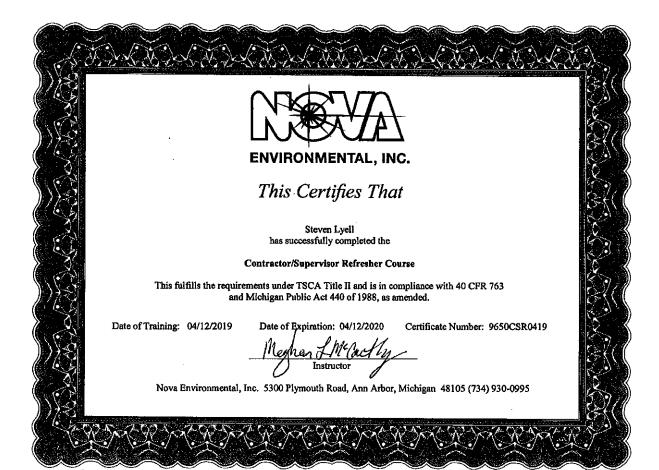
Accreditation Number A42060

Expiration Date (09/28/2019

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered



State of Michigan Department of Licensing and Regulatory Affairs

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Steven D. Lyell



Accreditation Number

Expiration Date
408/31/2019



DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.



Patrick B. O'Boyle #XXX-XX has successfully completed the

Contractor/Supervisor Refresher Course

This fulfills the requirements under TSCA Title II and is in compliance with 40 CFR 763 and Michigan Public Act 440 of 1988, as amended.

Date of Training: 02/08/2019

Date of Expiration: 02/08/2020

Certificate Number: 9812CSR0219

Instructor

Nova Environmental, Inc. 5300 Plymouth Road, Ann Arbor, Michigan 48105 (734) 930-0995

Ø GOES 748

THO IN U.S.A.

State of Michigan Department of Licensing and Regulatory Affairs

Department of Licensing and Regulatory Affairs Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Patrick B. O'Boyle France

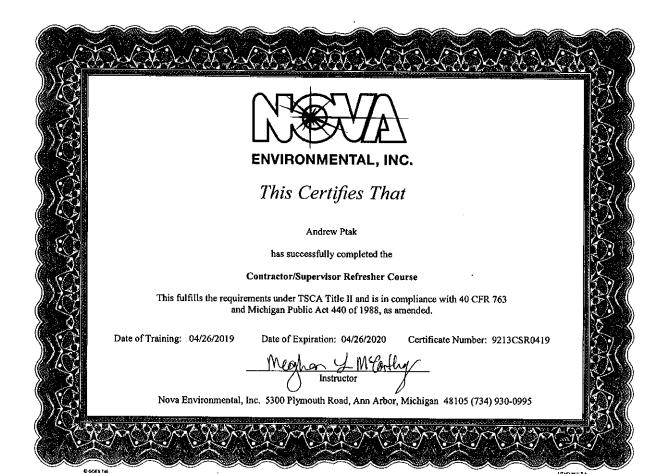
Accreditation Number A50125

Expiration Date 143/1442020

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if afteres



State of Michigan Department of Licensing and Regulatory Affair.

Department of Licensing and Regulatory Affair: Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor



Andrew A. Ptak



This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.



DOB:

Accreditation card is not valid if aftered

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Christopher Treglown

XXX-XX

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FOR: EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR WORKERS

Course Dates: December 9, 2018

Certificate Number: WR-2018 0075

Expiration Date: December 9, 2019

State of Michigan Department of Licensing and Regulatory Affairs

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker

Christopher D. Treglown

Accreditation Number A36314

Expiration Date

DOR:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

A creditation card is not valua fattered.

3041

Michigan Department of Natural Resources

	John Mere a dumpster is located	Air Quality Division	1	Internal Job #: 19-233
	on a jobsite (not at the office)			Landfill Approved the 2000424 4 4 4
	ASBEST	OS WASTE SHIPMENT I	DOCUMEN	T
1)	worksite name & address:	Owner's Name:	JOOUNE I	
	Swift Lane Apartments	AAHC Platt Road Limited Ho	using Assoc	Robert Nickoloff
	3401 & 3451-3457 Platt Rd.	727 Miller Rd.	daling Assoc	
	Ann Arbor, MI 48108	Ann Arbor, MI 48103		Contact Telephone #
		10.00		(313) 354-2141
2)	Operator's Name:	Operator's Address:		J Operator's Telephone #:
	Environmental Maintenance Engineers,	25851 Trowbridge		(313) 791-2600
		inkster, MI 48141		(3.0).0.200
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Ad	dress:	Disposal Site Telephone #:
	Carleton Farms Landfill	28800 Clark Rd.		(734) 654-0001
		New Boston, MI 48164		
4)	Responsible Agency:			
	Air Quality Division, Michigan Departmer	nt of Natural Resources		1
	P.O. Box 30028		i	
	Lansing, MI 48909			
5)	Description of Materials:			
	Hazard Class: 9 Identification Nu	mber: NA2212 Packing G	roup: III	
	Additional Description:		oup. m	
6)	Containers:			
	# of Containers:	Type of Containers (drums, bag	s etc) Total Ot	doubt outside the Asset
\Box) 4 8	Bigs	3, 0.0) TOTAL GE	v. (cu it., cu yas., ibs., tons):
\Box	Non-Friable Asbestos 2			
\Box	Other:			
7)	Special Handling Instructions and Add	litional information:		
	Handled in accordance with all EPA, NES	HAP, & OSHA Regulations		
8)	Uperator's Certification: I hereby declare the	at the second of the second	and securately de-	
	shipping name and are classified, packed, marked, condition for transport by highway according to app	and labeled, and are in all respects in proper	er condition for trans	sport by highway
	Printed/Typed Name: Jeff Cheney	icable international and government regulat	ions.	· · · · · · · · · · · · · · · · · · ·
	Signature:			ct Manager
9)	Transporter (Acknowledgement of Rec	point of Materials.	Date:	
	Name: Environmental Maintenance	Engineers Inc.		
	Address: 25851 Trowbridge, Inkster, I	MI ARIAI	<u> </u>	
	and the second s	4 / ()	Phone Number	
	Signature: Auchy 6	<u>~ 11 </u>	7	rvisor
•	Transporter 2 (Acknowledgement of Re	proint of Motortale)	Date: 4-2	4-19
ĺ	Name: Republic Services - Wayne	cerpt of Materials):		
ļ	Address: 5400 Cogswell, Wayne, MI	A040A	1	
Ì	Printed/Typed Name: C/)		Phone Number	
1	Signature:	Japiton	Title: Drive	
11)	Waste disposal site owner or pro-	Contillation	Date: 4-	25-14
	Waste disposal site owner or operator: as noted in item 10.	Certification of receipt of asbestos	materials covere	ed by this manifest except
-	Printed/Typed Name:		Title:	

Date: 4-25-19

Michigan Department of Natural Resources

Check here if dumpster is located	Air Quality Division Internal Job #:	19-233
on a jobsite (not at the office)	Landfill Approval #:	30691314442

ļ	on a jobsite (not at the		S WASTE SHI	PMENT DOC	LIMENT	Landilli Approval #: 30051014442		
1)	Worksite name & add		Owner's Name			Contact Name		
′ 1	Swift Lane Apartments			· ad Limited Housing	——————————————————————————————————————	obert Nickoloff		
	3401 & 3451-3457 Plat		727 Miller Rd.	a Emmod Hodoling		ontact Telephone #		
	Ann Arbor, MI 48108		Ann Arbor, MI	48103	—	13) 354-2141		
	,		, , , , , , , , , , , , , , , , , , , ,	-10100	15	10/0012111		
2)	Operator's Name:		Operator's Add	dress:		 Operator's Telephone #:		
	Environmental Mainten	ance Engineers In	25851 Trowbrid	ge	(3	13) 791-2600		
	Livio illicital mailton	ianos Engineers, in	Inkster, MI 481	41				
3)	Waste Disposal Site (WDS) Name:	Waste Disposa		isposal Site Telephone #:			
	 Carleton Farms Landfil	1	28800 Clark Rd	i .	<u>[(7</u>	34) 654-0001		
		•	New Boston, M	48164				
4)	Responsible Agency:							
i	Air Quality Division, Mic	chigan Department	of Natural Resource	98				
	P.O. Box 30028							
	Lansing, MI 48909							
5)	Description of Materi			1				
		Identification Nur	nber: NA2212	Packing Group	: 111			
	Additional Descriptio	n:						
6)	Containers:	[
			17	s (drums, bags, et	c) Total Qty.	(cu ft., cu yds., lbs., tons):		
\exists	Friable Asbestos	530	Dag 5		90	1 y d s		
\sqsupset	Non-Friable Asbestos				_	<u>,, </u>		
/ - /	Other:	l	itianal Information		1			
7)	Special Handling Inst			· · · · · · · · · · · · · · · · · · ·				
8)	Handled in accordance Operator's Certificati					shed shous by seeser		
o,	shipping name and are class condition for transport by hig	sified, packed, marked,	and labeled, and are in a	Il respects in proper co	ndition for transp			
	Printed/Typed Name:	Jeff Cheney		Ti	tle: Projec	t Manager		
	Signature:			D:	ate:			
9)	Transporter (Acknow	ledgement of Rec	eipt of Materials):					
	Name: Environn	nental Maintenance	Engineers, Inc.					
	Address: 25851 Ti	rowbridge, Inkster, I	MI 48141	PI	hone Numbe	r: (313) 791-2600		
ightharpoons	Printed/Typed Name:	Andrey	Ptak	Ti	tle: Super			
\Rightarrow	Signature:	- Por			ate: 5-/-	19		
10)	Transporter 2 (Ackno	- T-	eceipt of Materials)	:		<u> </u>		
		Services - Wayne						
		gswell, Wayne, MI	48184		hone Numbe			
	Printed/Typed Name:	Clyde Dr	e sp 10 h		tle: Driver			
	Signature:	of T.m.	(D		ate:	1:19		
11)	as noted in item 10.	, , , , , , , , , , , , , , , , , , ,	: Certification of rece	·		d by this manifest except		
	Printed/Typed Name:					Alt		
	Signature:	~~) l	_	in.	ato.	5-1-15		

204

Michigan Department of Natural Resources

,		•	epartment of		re sour	J63		
	Check here if dumpster	is located	Air Quality D	ivision		Internal Job #: 19-233		
	on a jobsite (not at the	office)				Landfill Approval #: 30691314442		
		ASBESTO:	S WASTE SHIF	PMENT DO	CUMENT	Γ		
1)	Worksite name & add	ress:	Owner's Name:			Contact Name		
	Swift Lane Apartments		AAHC Platt Road	Limited Housing	g Assoc	Robert Nickoloff		
	3401 & 3451-3457 Plat	t Rd.	727 Miller Rd.			Contact Telephone #		
	Ann Arbor, MI 48108		Ann Arbor, MI 4	8103		(313) 354-2141		
2)	Operator's Name:		Operator's Addr	ess:		Operator's Telephone #:		
Ì	Environmental Mainten	ance Engineers, In	c. 25851 Trowbridg			(313) 791-2600		
			Inkster, MI 4814			J		
3)	Waste Disposal Site (WDS) Name:	Waste Disposal	Mailing Addres	s:	Disposal Site Telephone #:		
	Carleton Farms Landfill	1	28800 Clark Rd.			(734) 654-0001		
			New Boston, MI	48164		1		
4)	Responsible Agency:		(1) () (5)		······	1		
	Air Quality Division, Mid	chigan Department	of Natural Resources	3				
	P.O. Box 30028							
-\	Lansing, MI 48909	-1		·		J		
5)	Description of Materia Hazard Class: 9	ais: Identification Nu	mber: NA2212	Packing Grou	n. III	1		
	Additional Description		ilber: INAZZIZ	Tracking Grou	р. ш	1		
6)	Containers:	11.		=	······································	J		
υ,		# of Containers:	Type of Containers	(drums bags e	tc) Total O	ly. (cu ft., cu yds., lbs., tons):		
	Friable Asbestos	569	Basi		101111	., (
\exists	Non-Friable Asbestos		1543					
\exists	Other:							
7)	Special Handling Inst	ructions and Add	itional Information:			, , , , , , , , , , , , , , , , , , , ,		
Ť	Handled in accordance	with all EPA, NES	HAP, & OSHA Regul	ations				
8)	Operator's Certification							
	shipping name and are class condition for transport by hig	sified, packed, marked, shway according to appl	and labeled, and are in all icable international and co	respects in proper o	ondition for tra	nsport by highway		
	Printed/Typed Name:		3			ject Manager		
	Signature:				Date:	·		
9)	Y							
•		nental Maintenance						
	Address: 25851 Tr	owbridge, Inkster,	MI 48141		hone Num	ber: (313) 791-2600		
\Box	Printed/Typed Name:	A. Ptaka	,	7	ritle: Sup	pervisor		
\Box	Signature: (her 18	isto -		Date: 5 -	10-19		
10)	Transporter 2 (Ackno	wledgement of R	eceipt of Materials):		·			
	Name: Republic	Services - Wayne						
	Address: 5400 Co	gswell, Wayne, MI	48184		Phone Num	ber: (734) 216-8240		
	Printed/Typed Name:	Clyde. I	MAHON	•	Fitle: Dri	ver		
	Signature:	mlift in	1/20'		Date: <u>ゲィ</u>	14,19		
11)	Waste disposal site of as noted in item 10.	ówner or opérátor	Cértification of recei	pt of asbestos m	aterials cov	ered by this manifest except		
	as noted in item 10.		<u> </u>		rista.			

Title: Date:

Printed/Typed Name; Signature:

	Michiga	n Dep	partment of Natura	l Resoui	ces	5	
	Check here if dumpster is located	A	ir Quality Division			Internal Job #: 19-233	
	on a jobsite (not at the office)		-		La	ndfill Approval #: 30691314442	
	ASBES	STOS	WASTE SHIPMENT D	OCLIMEN			
1)	Worksite name & address:		Owner's Name:	OCCIVILI		toot Name	
٠,	Swift Lane Apartments		AAHC Platt Road Limited Hou	sing Assoc	$\overline{}$	tact Name	
	3401 & 3451-3457 Platt Rd.		727 Miller Rd.	aling Assuc		ert Nickoloff tact Telephone #	
	Ann Arbor, MI 48108		Ann Arbor, MI 48103		_	3) 354-2141	
			7.11.77.207, 17.11		(515	7 334-2141	
2)	Operator's Name:		Operator's Address:		_! Ope	rator's Telephone #:	
	Environmental Maintenance Engine	ers Inc	25851 Trowbridge	- -	(313	791-2600	
			Inkster, MI 48141		_[
3)	Waste Disposal Site (WDS) Name	:	Waste Disposal Mailing Add	ress:	Dis	osal Site Telephone #:	
	Carleton Farms Landfill		28800 Clark Rd.		(734) 654-0001		
			New Boston, MI 48164				
4)	Responsible Agency:				_		
	Air Quality Division, Michigan Depar	tment of	Natural Resources				
	P.O. Box 30028						
	Lansing, MI 48909						
5)	Description of Materials:				_		
	Hazard Class: 9 Identificatio	n Numb	er: NA2212 Packing Gr	oup: III			
	Additional Description:				╛		
6)	Containers:						
		ers: Typ	pe of Containers (drums, bags	s, etc) Total C	ity. (c	u ft., cu yds., lbs., tons):	
\exists	Friable Asbestos 565		13555				
\Box	Non-Friable Asbestos						
\Box	Other:						
7)	Special Handling Instructions and						
	Handled in accordance with all EPA					· · · · · ·	
8)	Operator's Certification: I hereby de- shipping name and are classified, packed, m	clare that the	ne contents of this consignment are fully	y and accurately	Jescribe	ed above by proper	
	condition for transport by highway according	to applicab	le international and government regulation	er condition for tra lions.	nspon	by nignway	
	Printed/Typed Name: Jeff Cheney			Title: Pro	oject N	lanager	
	Signature:			Date: S-	21.	-14	
9)	Transporter (Acknowledgement o	f Receip	t of Materials):				
	Name: Environmental Mainter	nance En	gineers, Inc.				
	Address: 25851 Trowbridge, Ink	ster, MI	48141	Phone Nun	ıber:	(313) 791-2600	
\Box	Printed/Typed Name: Andrew	Ptsl	h	Title: Su	pervis	or	
\Box	Signature: Andre 16	ALT.		Date: 5-	21-1	19	
10)	Transporter 2 (Acknowledgement	of Rece	ipt of Materials):				
	Name: Republic Services - W						
	Address: 5400 Cogswell, Wayne		184	Phone Nun	ber:	(734) 216-8240	
	Printed/Typed Name: / / / c/	10/7	100 7 -N	Title: Dri	ver		

Signature: Date: 5 - 2 3 · / 9

11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

as noted in item 10.		٠, ٠
Printed/Typed Name:	Title:	SCALE
Signature:	Date:	5-23-19